

School District #2 - Northern Peninsula/Labrador South

P.O. Box 82, Lower Cove, NF A0K 2V0 Tel: (709) 475-2232 Fax: (709) 475-2809/2118

LEAVE REQUEST FORM

Articles: 5.06, 5.1, 18.01, 18.02, 18.03, 18.04(a),(b),(c), 18.05(a),(b), 18.06, 18.07(a),(b), 18.08, 18.09, 18.10, 18.11, 18.12, 18.13, 18.14, 19.01, 28.03, 29.03 (b), 31.21, 32.13, 42.01(m)

Note: Except for emergencies, requests should be received at District Office, a minimum of 2 weeks prior to expected date of leave.

School Name: _____

A. Teacher Section

In accordance with Article _____ of the Collective Agreement,

I, _____ request leave for the following day(s):
(Teacher's Name-Please Print)

Financial Assistance Requested: No _____ Yes _____ Amount \$ _____

The reason for this leave is _____

Date: _____ Signature: _____

B. Principal Section

- 1. I recommend that the above leave be granted Yes [] No []
- 2. For this leave a substitute is required Yes [] No []
- 3. A suitable substitute is available Yes [] No []

Comments: _____

Date: _____ Signature: _____

C. Board Section

In accordance with Article _____ (Code _____) of the Collective Agreement, the above is:

- 1. Not Approved []
- 2. Granted With Pay [] Without Pay []
- 3. Substitute N/A [] Not approved [] Approved []
- 4. Financial Assistance: Amount Approved \$ _____
N/A [] Not Approved []
- 5. Number of days granted for this leave: _____ Number of Substitute Days: _____

Comments: _____

Date: _____ Signature: _____

(Board Official)