

School District No. 74 (Gold Trail)

Board Office

Leave of Absence Request Form

Employee Name: _____ Date Submitted: _____

IDENTIFY TYPE OF ABSENCE

Vacation
Clause 18.01

Banked
Clause 15.10

Sick Leave
Clause 16.01

Bereavement
Clause 21.04

Union Business
Clause 21.01

Medical Appointment
Clause 16.01

Witness/Jury Duty
Clause 21.03
Relation: _____

Leave Without Pay
Clause 21.08

Illness in Family
Clause 16.03
Relation: _____

WCB

Maternity
Clause 21.05

Paternity
Clause 21.06

DATE(S) ABSENT

Date From: _____

Date To: _____

Total Number of Days: _____

Total Hours: _____

Authorized by:

Secretary-Treasurer