



"Vancouver Island West"
School District No. 84

Vancouver Island West School District 84
REQUEST FOR LEAVE OF ABSENCE
(To be submitted PRIOR to any absence)
CUPE LOCAL 2769

Name: _____ School/Dept: _____

Date(s) _____ To: _____

Full Day(s) Part Day(s) Total # of hours: _____

| ✓ | Reason | FOR OFFICE USE ONLY | | |
|----------------------------|-------------------------|----------------------|------------|----------|
| | Pro-D | | | |
| | Leave Without Pay | | | |
| | Other (Details Below) | | | |
| | Personal Business Leave | Available: | Requested: | Balance: |
| | Sick Leave | Available: | Requested: | Balance: |
| | Union Business | Union Auth Received? | Yes | No |
| | Vacation | Available: | Requested: | Balance: |
| Details of Request: | | | | |
| | | | | |

Employee's Signature

Date

All other leaves must be applied for in writing to the Superintendent of Schools, with a copy to your Supervisor.

To be charged to Account #: District: _____ School: _____

Approved by Signing Authority: _____

Supervisor's Comments: Aware of date(s) requested Replacement required

Name of Replacement: _____

Supervisor's Signature _____
Date

Superintendent of Schools or Designate's Comments Request Approved Request Denied

Superintendent's Signature _____
Date