



Vancouver Island West School District 84
REQUEST FOR LEAVE OF ABSENCE
 (To be submitted *PRIOR* to any leaves)

EXCLUDED STAFF

Name: _____ School/Dept: _____

Date(s) Requested:

FROM: _____ Full Day (1.0) Morning (0.6) Afternoon (0.4)

TO: _____ Full Day (1.0) Morning (0.6) Afternoon (0.4)

Reason	# of Days Requested
<input type="checkbox"/> Professional Development	
<input type="checkbox"/> Admin Meeting	
<input type="checkbox"/> Vacation	
<input type="checkbox"/> Illness	
<input type="checkbox"/> Bereavement	
<input type="checkbox"/> Personal Business	
<input type="checkbox"/> VIWAA	
<input type="checkbox"/> Other (Provide Explanation)	

Details of Request:

Teacher In Charge: _____

TOC/POC hired for classes: _____

Excluded Staff Signature _____
Date

Authorization:

Request Approved Request Denied

Comments:

 Account Number: _____

Superintendent of Schools/Secretary-Treasurer (or Designate) _____
Date