



Vancouver Island West  
School District No. 84

# VANCOUVER ISLAND WEST SCHOOL DISTRICT 84 REQUEST FOR LEAVE OF ABSENCE

(To be submitted PRIOR to any leaves)

## VIWTU

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

FROM: \_\_\_\_\_  Full Day

Morning

Afternoon

TO: \_\_\_\_\_  Full Day

Morning

Afternoon

For the Following Reason:	For Office Use Only:		
<input type="checkbox"/> BCTF Business	Union Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Curriculum Implementation			
<input type="checkbox"/> Discretionary Leave	Available:	Requested:	Balance:
<input type="checkbox"/> Ministry Business	Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (Details Below)			
<input type="checkbox"/> Professional Development			
<input type="checkbox"/> Sick Leave	Available:	Requested:	Balance:
<input type="checkbox"/> VIWTU Business	Union Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Details of Request:**

\_\_\_\_\_

\_\_\_\_\_

*Employee's Signature* *Date Signed*

All other leaves must be applied for in writing to the Superintendent of Schools./Secretary-Treasurer, with a copy to your Principal.

To be charged to Account #: District: \_\_\_\_\_ School: \_\_\_\_\_

Approved by Signing Authority: \_\_\_\_\_

**Principal's Comments:**

Aware of Date(s) Requested  TTOC/POC Hired: \_\_\_\_\_

OR:

If no TTOC/POC available, was entire list called? Yes \_\_\_\_\_ No \_\_\_\_\_

Who provided coverage? \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Superintendent of Schools/Secretary-Treasurer or Designate's Comments:**

Request Approved  Request Denied

\_\_\_\_\_

\_\_\_\_\_

*Signature* *Date Signed*