



### Request for Leave of Absence

#### Section A: To be completed by Employee (Please Print)

Employee Name: \_\_\_\_\_ FTE: \_\_\_\_\_ PTE: \_\_\_\_\_

Employee Group: (Please check appropriate box)

Union:            **ETFO (TEACHING)** \_\_\_\_\_            **ETFO (NON-TEACHING)** \_\_\_\_\_

I am requesting permission to be absent from my regular duties on the following date(s) for the following reasons:

First Day of Leave: \_\_\_\_\_ Last Day of Leave: \_\_\_\_\_

Total # of Days Requested: \_\_\_\_\_

Reason for Leave: (Please be specific) \_\_\_\_\_

During my Leave: I wish to continue my Ontario Teachers' Pension Plan (OTPP) contributions.

Please check one box:            Yes             No             N/A

Attach Supporting Documentation and Information on Extenuating Circumstances (e.g. proof of travel plans, community service, etc.)

I understand this request must be approved by the Board and that it may be granted without pay. **The salary deduction will occur on the next regularly scheduled pay.** Please submit to your Principal/Immediate Supervisor for authorization.

#### Section B: To be completed by Principal

Please note your concerns this leave may have on affecting programming or student needs. Please note any potential contributions to the school, students and/or community.

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Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section C: To be completed by the Board

Approved with Pay \_\_\_\_\_ Approved without Pay \_\_\_\_\_ Denied \_\_\_\_\_

Instructional letter including any conditions or limitations attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_