



**THE BOARD OF EDUCATION OF
SCHOOL DISTRICT No. 34 (ABBOTSFORD)**

EXAMPLE

LEAVE OF ABSENCE APPLICATION
Complete and sign the appropriate sections. See reverse for completion instructions.

NAME SMITH JOHN EMPLOYEE # 1000
 (Surname) (Given Name)
 SCHOOL/DEPT. FACILITIES POSITION ELECTRICIAN

APPLICATION FOR A LEAVE OF ABSENCE

- Illness (Nature of Illness): _____ Weekly Indemnity (Support Staff) Other
 Did you attend a physician? No Yes Physician's Name: _____
 Workers' Compensation (Injury on Duty) Report of Injury is attached _____ To Follow _____

I declare that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated above.

Employee Signature: _____ Date: _____

- | | | | |
|---|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Pregnancy/Parental | <input type="checkbox"/> Extended Pregnancy (Teachers) | <input type="checkbox"/> Parenthood | <input type="checkbox"/> Adoption |
| (Please attach a certificate from your physician indicating estimated date of birth or documentation in support of adoption, as appropriate.) | | | |
| <input type="checkbox"/> Employee Family Illness (Teachers) | <input type="checkbox"/> Bereavement (state relationship) _____ | | |
| <input type="checkbox"/> Special Leave (Teachers) | <input type="checkbox"/> Leave without Pay | | |
| <input type="checkbox"/> Professional (Teachers) | <input type="checkbox"/> Long Term Service-Unpaid | | |
| <input type="checkbox"/> Graduation (Teachers) | <input type="checkbox"/> Education Leave Unpaid <input type="checkbox"/> Paid (Teachers) <input type="checkbox"/> | | |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Union/Association Business (Bill the Union Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| <input type="checkbox"/> Jury/Subpoena (Submit copy of Court documents) | <input checked="" type="checkbox"/> Other (Banked Overtime, Etc.) <u>PROJECT CONNECT</u> | | |
| <input type="checkbox"/> 1/2 Day Personal Leave (Support Staff)(Specify Below) | <input type="checkbox"/> Augmentation of Personal Leave (Support Staff)(Specify Below) | | |
| <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal/Financial <input type="checkbox"/> Family | <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal/Financial <input type="checkbox"/> Family | | |
| <input type="checkbox"/> Bereavement (not covered by Art. 16:9) | <input type="checkbox"/> Bereavement (not covered by Art. 16:9) | | |

Comments _____

DATES REQUESTED: (If applying for more than one type of leave, please specify type of leave)

Type of Leave	FROM			TO			HOURS	DAYS
	Day	Month	Year	Day	Month	Year		
<u>PROJECT CONNECT</u>	<u>10</u>	<u>JAN</u>	<u>2013</u>	<u>10</u>	<u>JAN</u>	<u>2013</u>	<u>2</u>	

I request leave as stated above J. Smith Dec. 20, 2012
 EMPLOYEE'S SIGNATURE DATE

I recommend approval: YES NO SUPERVISOR/PRINCIPAL _____ DATE _____

FOR DISTRICT ADMINISTRATION OFFICE USE ONLY

- Not Approved Approved PAID PAID-Less cost of TOC (Teaching) UNPAID

Comments: _____
 H/R SIGNATURE _____ DATE _____