

**SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD  
REQUEST FOR LEAVE OF ABSENCE - ALL STAFF**

**Section 1**      Name: (print clearly) \_\_\_\_\_ School: \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2 – Leaves Approved by Principal/Supervisor**

<input type="checkbox"/> Bereavement	_____	_____
	Family Member	Date(s) of Absence
<input type="checkbox"/> Compassionate	_____	_____
	Reason	Date(s) of Absence
<input type="checkbox"/> Floater/Personal Leave Day	_____	_____
		Date(s) of Absence
<input type="checkbox"/> In Lieu of Overtime	_____	_____
		Date(s) of Absence
<input type="checkbox"/> Sick Leave	_____	_____
	Reason for planned absence	Date(s) of Absence
<input type="checkbox"/> Vacation (Christmas, March Break and Summer Break)	_____	_____
		Date(s) of Absence
<input type="checkbox"/> Professional Development	_____	_____
	<b>* Initiative</b> Describe PD Session	Date(s) of Absence
<input type="checkbox"/> Other / Meetings	_____	_____
	Reason	Date(s) of Absence

\_\_\_\_\_  
**Principal's / Supervisor's Signature**

\_\_\_\_\_  
**Date**

**Section 3 – Leaves Approved by Board Office**

<input type="checkbox"/> OSSTF Permanent Teachers Paid Day Off	_____	_____
		Date of Absence
<input type="checkbox"/> Leave for Union./Federation Business	Attach Form No.: H12-002	_____
		Date(s) of Absence
<input type="checkbox"/> WSIB – Medical Leave	_____	_____
		Date(s) of Absence
<input type="checkbox"/> Maternity / Parental / Extended Maternity / Parental	Attach Doctor's Note (Maternity) Attach Letter of Request (Parental or Extended leave)	_____
		Date(s) of Absence
<input type="checkbox"/> Leave Without Pay	Attach Letter of Request for leave greater than 15 days	_____
		Date(s) of Absence
<input type="checkbox"/> Vacation (during school operations)	_____	_____
		Date(s) of Absence

\_\_\_\_\_  
**Principal's / Supervisor's Signature**

\_\_\_\_\_  
**Date**

**Section 4 – Staff Planned Absence – For School Use Only**

**Supply Confirmed**

**a.m.**

**p.m.**

**OFFICE USE ONLY**

Leave Approved: _____	Leave Denied: _____
Date Reply Sent: _____	Board Signature _____
	Copy to Principal <input type="checkbox"/>

**\* SEE: Board Office Shared (P: drive) / Old Public Folders / Human Resources / PD Schedule of Events]**

## **INSTRUCTIONS**

### **Employee:**

1. Complete Section 1.
2. Identify the type of leaves being requested from Sections 2 and 3.
3. Clearly indicates reasons for the leave as required. For Bereavement and Compassionate, identify your relationship with the individual.
4. Submit the completed request form to your Principal / Supervisor prior to the date of leave. All leaves must be approved prior to the date of leave.

Approval of Leaves in Section 3 must be obtained prior to the leave.

### **Principal / Supervisor:**

5. Ensure that the employee is eligible for the type of leave requested and that the form is properly completed.
6. If you have any questions, contact the Human Resource Department.
7. Leaves identified in Section 2 are approved by the Principal / Supervisor.
8. Leaves identified in Section 3 require the approval of the Principal / Supervisor and the authorized Board Official. Forward the completed form to the Payroll Department.

### **Board Office:**

9. The Board Office will notify the employee of the decision regarding Section 3 leaves by returning a copy of the form with the Office Use Section completed. Forms will be returned via the Principal.