

# School District No. 50 (Haida Gwaii) Leave Of Absence Request Form

PLEASE ATTACH COPIES OF ANY  
DOCUMENTS PERTINENT TO YOUR LEAVE  
REQUEST

Employee Name: \_\_\_\_\_

School / Site: \_\_\_\_\_ Position: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_ Number of Days Absent: \_\_\_\_\_

→ Hours: \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. to \_\_\_\_\_ Total Hours or %: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_  
\_\_\_\_\_

Replacement Required?  YES  NO → If "no", please explain: \_\_\_\_\_

## BILLING Please indicate where the costs should be charged. Attach separate billing instructions where applicable

### CONTRACTUAL LEAVE PROVISIONS

- Sick Leave / Medical Appointment that is not reasonably available on-island  or, outside of working hours
- Union / Association / Ministry Business: *(Attach correspondence)*
- HGTA  BCTF  CUPE  CUPE -BC  HGPVPA  BCPVPA
- Other: \_\_\_\_\_
- Other Contractual Leave → Clause Number & Name: \_\_\_\_\_

### IN-SERVICE / PRO-D / TRAINING / SPORTS / ACTIVITY FUNDS etc.

- Bill to Contractual Pro-D Fund *[Attach completed Pro-D form]*
- Bill to School Name: \_\_\_\_\_
- Bill to District Program: \_\_\_\_\_
- Bill to Another District / Organization: *[Please specify]* \_\_\_\_\_

**To be completed by School / Site Admin**

Coding: \_\_\_\_\_

Coding: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Employee \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Supervisor \_\_\_\_\_

### To be completed by District Office

#### COST RECOVERY

- Internal  External organization has confirmed coverage

#### EMPLOYEE IS GRANTED

- Leave with full pay
- Leave with pay but employee charged cost of replacement
- Leave without pay

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
District Approval

**DISTRIBUTION:** Board Office sends Approved Original to Payroll plus electronic copies to School + Employee.