CUPE

LEAVE OF ABSENCE/SUBSTITUTE EMPLOYEE PLEASE COMPLETE SECTIONS A,B,C,D

A EMPLOYEE REQUESTING LEAVE OF ABSENCE

NAME: _____

SCHOOL /LOCATION: _____

POSITION: _____

DATE(S) ABSENT: _____

_____

☐ AM HOURS: _____

☐ PM HOURS: _____

☐ ALL DAY _____

EMPLOYEE SIGNATURE: _____

DATE: _____

D EMPLOYEES MUST ENSURE THE SPECIFIED LEAVE IS AVAILABLE. IF UNAVAILABLE, LEAVE WILL BE CHARGED AS LEAVE WITHOUT PAY.

☐ Banked Time (18.04)
☐ Bereavement (22.03)
☐ Emergency Services (24.08)
☐ Jury Duty (22.02)
☐ Pro D/Training
☐ Medical Appointment (24.07)
☐ Family Illness (24.07)
☐ Special 5 Days or Less (22.08 a)
☐ Special Over 5 Days (22.08 b) **See below**
☐ Union Business (22.01 a)
☐ Union Business (22.01 d) Conventions/Seminars
☐ Vacation (21)
Other -Describe: _____
_____(Article: _____)

	BOARD OFFICE APPROVAL
	CHARGE TO CUPE
	CHARGE CODE:

_____
(SUPERINTENDENT/DESIGNATE)

DATE: _____

B SUBSTITUTE EMPLOYEE REQUIREMENTS

SUBSTITUTE IS REQUIRED: YES_____ NO _____

IF YES, DATE OR PERIOD: _____

☐ AM HOURS: _____

☐ PM HOURS: _____

☐ ALL DAY HRS: _____

HAS THIS INFORMATION BEEN PHONED INTO THE ADT SYSTEM? Yes ____ No ____ (720-2786)

Details of request as per 22.08b: (Must be faxed to 723-0318)

ATD INITIALS _____

C CONFIRMATION OF REQUEST

SIGNATURE: _____
(PRINCIPAL/SUPERVISOR/DESIGNATE)

DATE: _____

FAX TO : 723-2567