

# NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD

## SPECIAL LEAVE FORM

1. TO BE COMPLETED BY ANY EMPLOYEE REQUESTING A LEAVE **OTHER THAN THE EMPLOYEE'S SICKNESS OR TO ATTEND A WORKSHOP, CONFERENCE OR SEMINAR.**
2. EXCEPT IN AN EMERGENCY SITUATION, FORMS MUST BE SUBMITTED IN SUFFICIENT TIME TO ALLOW PROCESSING PRIOR TO ACTUAL LEAVE ( **10 WORKING DAYS**).

**EMPLOYEE TO COMPLETE:**

SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE(S) OF LEAVE: \_\_\_\_\_

DETAILS: \_\_\_\_\_

COLLECTIVE AGREEMENT/  
BOARD POLICY: \_\_\_\_\_

SPECIFY CLAUSE  
OR POLICY: \_\_\_\_\_

REQUESTER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE: \_\_\_\_\_

SUPPLY REQUIRED: Yes \_\_\_\_\_ No \_\_\_\_\_

**BOARD USE ONLY:**

MANAGER OF HUMAN RESOURCES' RECOMMENDATION  
(PLEASE CHECK ONE OF THE FOLLOWING)

**APPROVED WITH PAY**

- Bereavement
- Federation Leave - OECTA
- Jury Duty
- Paternity
- Personal Leave - **Excluding Teachers**
- Personal Leave - **Reimbursing Supply Teacher**
- Training for Report Cards
- School Activity
- Serious illness/Major surgery/Specialist appointment re: spouse, child, parent
- Sick Leave
- Sports
- Testing
- Union Leave - CUPE
- Vacation
- Special Consideration:** \_\_\_\_\_

**APPROVED WITHOUT PAY**

- Approval Without Pay**
- Leave Denied/ reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager of Human Resources' Signature: \_\_\_\_\_

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

**TEACHERS/PRINCIPALS**

1. Principals to sign form to acknowledge leave
2. Human Resources - approve or refuse
3. Return copy to employee and principal

**NON-TEACHING STAFF**

1. Immediate supervisor to acknowledge
2. Human Resources - approve or refuse
3. Return copy to employee and supervisor

**Please forward to Human Resources Department - Timmins office**

Revised April 26, 2004