



# Northeastern Catholic District School Board

383 Birch St. North, Timmins ON P4N 6E8 (705)268-7443 or (877)422-9322 Fax (705)267-3590 [www.ncdsb.on.ca](http://www.ncdsb.on.ca)

## REQUEST FOR LEAVE FORM

TO BE COMPLETED TO REQUEST A LEAVE **OTHER THAN THE EMPLOYEE'S SICKNESS OR TO ATTEND A WORKSHOP, CONFERENCE, OR SCHOOL ACTIVITY**. EXCEPT IN AN EMERGENCY SITUATION, FORMS MUST BE SUBMITTED IN SUFFICIENT TIME TO ALLOW PROCESSING PRIOR TO ACTUAL LEAVE (**10 WORKING DAYS** - UNLESS OTHERWISE STIPULATED IN THE APPLICABLE COLLECTIVE AGREEMENT, TERMS AND CONDITIONS OF EMPLOYMENT OR PERSONAL CONTRACT).

### EMPLOYEE TO COMPLETE:

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

DATE(S) OF LEAVE: \_\_\_\_\_ SCHOOL/LOCATION: \_\_\_\_\_

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

COLLECTIVE AGREEMENT OR BOARD POLICY: \_\_\_\_\_ SPECIFY CLAUSE/ARTICLE: \_\_\_\_\_

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

PRINCIPAL/SUPERVISOR SIGNATURE: \_\_\_\_\_ REPLACEMENT REQUIRED: Yes  No

### FOR HUMAN RESOURCES DEPARTMENT USE ONLY

#### APPROVAL WITH PAY

- Bereavement
- Federation Leave – OECTA
- Jury Duty
- Paternity
- Personal Leave
- Personal Leave – Reimbursing Supply Teachers
- Sick Leave
- Special Leave (Serious illness/Major surgery/Specialist appointment re: spouse, child, parent)
- Union Leave – CUPE
- Vacation
- Other: \_\_\_\_\_

#### APPROVAL WITHOUT PAY

- Day Without Pay

#### DENIAL OF LEAVE

- Leave denied - Reason: \_\_\_\_\_

Manager of Human Resource's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PROCESS

1. Principal/Supervisor to sign form to acknowledge leave and forward to Manager of Human Resources
2. Human Resources to Approve or Deny
3. Copy of form to be returned to employee and Principal/Supervisor

#### INVOICING

- OECTA LOCAL  OECTA PROVINCIAL
- CUPE LOCAL  CUPE PROVINCIAL

Please forward to Human Resources Department: [HR@ncdsb.on.ca](mailto:HR@ncdsb.on.ca)