



SCHOOL-BASED SUPPORT STAFF LEAVE OF ABSENCE REQUEST FORM

To be accepted as written request for leave of absence without pay in accordance with article 19.08 of the CUPE Collective Agreement

Please email completed form to hrrsupportstaff@btps.ca

To be completed by the employee::

Date: _____ Name of Employee: _____ School: _____

Dates Requested: _____

Substitute Available: ☐ Yes ☐ No Name: _____

Date(s) used for personal days (must be accessed first): _____

Previous date(s) of leave of absence taken this school year: _____

Reason for request: (please attach if additional space is needed)

Employee's Signature: _____

To be completed by the Principal:

The Principal shall review the details of the request to confirm that appropriate supports are available to minimize the education impact resulting from the employee's absence on the noted date(s).

- ☐ They have accessed Personal Leaves already.
- ☐ Having conducted a review, I can support this request.
- ☐ Having conducted a review, I cannot support this request.

Comments:

Principal's Signature: _____ Date: _____

For Central Services Use:

Received: _____ Approved ☐ Denied ☐ Reply Sent: ☐

Comments:

Signature: _____