



## 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 fax or email completed form to [hrsupportstaff@btps.ca](mailto:hrsupportstaff@btps.ca)

---

**To be completed by the employee::**

Date: \_\_\_\_\_ Name of Employee: \_\_\_\_\_ School: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Substitute Available:  Yes  No

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).

- 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: \_\_\_\_\_