

PRINCE ALBERT CATHOLIC SCHOOLS

LEAVE REQUEST FORM

After obtaining supervisor's recommendation, please submit to the Director of Education.

NAME: _____

SCHOOL: _____

TYPE OF LEAVE:

- Compassionate/Bereavement
- Professional Development
- Community Service
- Personal Day (LINC, CUPE, Support Staff)
- Personal With Pay
- Without Pay
- Internship Seminar
- Other (Please Specify) _____

DATES OF LEAVE:

TIME AWAY FROM DUTIES:

- 1/2 day 1 1/2 days
- 1 day 2 days
- Other _____

IS A SUBSTITUTE REQUIRED:

- Yes No
- Full Day
- Half Day

FOR PROFESSIONAL DEVELOPMENT LEAVE REQUESTS PLEASE INCLUDE:

A. PERTINENT COSTS FOR WHICH YOU MIGHT BE ELIGIBLE FOR REIMBURSEMENT:

	ESTIMATE	ACTUAL
Registration	_____	_____
Accommodation	_____	_____
Travel	_____	_____

B. NAME OF CONFERENCE:

C. LOCATION OF CONFERENCE:

EXPLAIN WHY YOU ARE REQUESTING THIS LEAVE:

SIGNATURE: _____ **DATE:** _____

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PRINCIPAL'S/SUPERVISOR'S RECOMMENDATIONS:

SIGNATURE: _____ **DATE:** _____

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CATHOLIC EDUCATION CENTRE AUTHORIZATION:

- Leave Not Authorized
- Authorized With Pay
- Without Pay

CODE: _____

AUTHORIZED: _____ **DATE:** _____