



Good Spirit School Division No. 204
Request For Leave of Absence Form

Form 415-2

Employee Name: _____ Position: _____

School: _____ Date(s) Requested: _____

of Days _____ or Periods _____ Substitute Required [] Yes [] No

Agreement: [] LINC [] Provincial Agreement [] CUPE 4784 [] Non-Union

Type Of Leave _____ Article/Section _____

If unable to schedule a medical appointment time outside the work day, please complete the following:

Appointment Time _____ Location _____

For personal, bereavement or compassionate leave please provide nature of the relationship: _____

Please provide other pertinent information:

Empty rectangular box for other pertinent information.

Table with 3 columns: Type of Expense, Projected, Actual (attach receipts). Rows include Mileage, Accommodation (Hotel/Motel, Private Residence), Meals, Registration, Other, and Total Requested.

GL Account _____ [] PD Centralized Budget [] PD Decentralized Budget

[] Approval Granted [] With Pay [] Without Pay

[] Central Office Approval Required

[] Application approved with stipulation: _____

[] Application not approved due to: _____

Signature of Employee: _____ Date _____

Principal/Supervisor: _____ / _____

Superintendent: _____

Director of Education: _____

FINAL APPROVAL OF EXPENSE PAYOUT

Authorized Signature: _____ Position: _____

Request For Leave of Absence Form is to be sent to hr@gssd.ca and must be completed for all absences
The Principal/Supervisor will inform the applicant of final approval status