



## Request for Leave (Excluding Pregnancy/Parental Leave)

Human Resource Services

Fax: (902) 464-2316

### SECTION 1 (To be completed by the employee)

Name: \_\_\_\_\_ Employee # : \_\_\_\_\_

School/Site: \_\_\_\_\_ Fax # : \_\_\_\_\_

Position: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Status:  Permanent/Probationary  Term  Substitute/Long Term Substitute

#### Leave Information

From: \_\_\_\_\_ To: \_\_\_\_\_ Total # of days: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Collective Agreement: \_\_\_\_\_ Article: \_\_\_\_\_

Request to be paid:  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 (To be completed by the Principal/Supervisor)

Substitute Required:  Yes  No

Additional Comments: \_\_\_\_\_

Department/Address if substitute costs are to be recovered: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 (For HR Use Only)

Approved?  Yes  No Granted with Pay?  Yes  No

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_