



SCHOOL DISTRICT #27 (CARIBOO-CHILCOTIN)
LEAVE OF ABSENCE APPLICATION

TEACHING STAFF

ORIGINAL TO: Central Scheduling Office Fax: 250-392-4625
Tel: 250-392-7137 (1-800-667-5615)

Applicant Name:
Reason for Leave:
Family Medical or Bereavement, please indicate relationship to you
Grades/Subjects:
Times (am/pm/full day):
Supervision: Yes No Time(s):
Instructions:
School/Work Site:
Dates:
Contract Clause if Applicable: TOC Required: Yes No
Confirmation of appointment attendance is required for all out of town medical leaves and family medical leaves.

Principals/Vice Principals:
Leave request is recommended by the school: Yes No
With Pay code to one of the following:
Cost Centre No.
GL Account No.
3rd Party Billing Name:
Signature:
Date:

Human Resources:
Approved Not Approved
Sick
Family Sick
Out of Town Sick
COS
Bereavement
With Pay
Leave Without Pay
Family Responsibility Leave
Unpaid Discretionary Day
CCTA Pro-D
3rd Party Billing
Signature:
Date:

Absence called in: Yes No

Teacher's Signature:

Date: