



Vancouver Island West
School District No. 84

VANCOUVER ISLAND WEST SCHOOL DISTRICT 84 NOTIFICATION OF LEAVE OF ABSENCE

(To be submitted PRIOR to any leaves)

VIWTU

NAME: _____ SCHOOL: _____

FROM: _____ Full Day (1.0) Morning (0.6) Afternoon (0.4)

TO: _____ Full Day (1.0) Morning (0.6) Afternoon (0.4)

For the Following Reason:	For Office Use Only:		
<input type="checkbox"/> BCTF Business	Union Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Curriculum Implementation			
<input type="checkbox"/> Discretionary Leave	Available:	Requested:	Balance:
<input type="checkbox"/> Ministry Business	Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (Details Below)			
<input type="checkbox"/> Professional Development			
<input type="checkbox"/> Sick Leave	Available:	Requested:	Balance:
<input type="checkbox"/> VIWTU Business	Union Auth Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of Request:

Employee's Signature *Date Signed*

All other leaves must be applied for in writing to the Superintendent of Schools./Secretary-Treasurer, with a copy to your Principal.

To be charged to Account #: District: _____ School: _____

Approved by Signing Authority: _____

Principal's Comments:

Aware of Date(s) Requested TOC/POC Hired: _____ **OR:**

If no TOC/POC available, was entire list called? Yes _____ No _____

Who provided coverage? _____

Signature: _____ Date Signed: _____

Superintendent of Schools/Secretary-Treasurer or Designate's Comments:

Request Approved Request Denied

Signature *Date Signed*