



"Vancouver Island West"  
School District No. 84

**Vancouver Island West School District 84  
NOTIFICATION OF LEAVE OF ABSENCE**

*(To be submitted PRIOR to any absence)*

**CUPE LOCAL 2769**

Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Date(s) \_\_\_\_\_ To: \_\_\_\_\_

Full Day(s)       Part Day(s)      Total # of hours: \_\_\_\_\_

<input checked="" type="checkbox"/>	Reason	<b>FOR OFFICE USE ONLY</b>		
	Pro-D			
	Leave Without Pay			
	Other (Details Below)			
	Personal Business Leave	Available:	Requested:	Balance:
	Sick Leave	Available:	Requested:	Balance:
	Union Business	Union Auth Received?	Yes	No
	Vacation	Available:	Requested:	Balance:
<b>Details of Request:</b>				

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**All other leaves must be applied for in writing to the Superintendent of Schools, with a copy to your Supervisor.**

To be charged to Account #: District: \_\_\_\_\_ School: \_\_\_\_\_

Approved by Signing Authority: \_\_\_\_\_

**Supervisor's Comments:**       *Aware of date(s) requested*       *Replacement required*

**Name of Replacement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature**      \_\_\_\_\_  
**Date**

**Superintendent of Schools or Designate's Comments**       *Request Approved*       *Request Denied*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Superintendent's Signature**      \_\_\_\_\_  
**Date**