Vancouver Island West School District 84

NOTIFICATION OF LEAVE OF ABSENCE

(To be submitted PRIOR to any leaves)

EXCLUDED STAFF

Name:_____ **School/Dept:** _____

Date(s) Requested:

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

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

Reason	# of Days Requested
❒ Professional Development	
❒ Admin Meeting	
❒ Vacation	
❒ Illness	
❒ Bereavement	
❒ Personal Business	
❒ VIWAA	
❒ Other (Provide Explanation)	

Details of Request:

_____

_____

Teacher In Charge: _____

TOC/POC hired for classes: _____

_____ _____

Excluded Staff Signature *Date*

Authorization:

❒ Request Approved ❒ Request Denied

Comments:

_____

_____

Account Number: _____

_____ _____

Superintendent of Schools/Secretary-Treasurer (or Designate) *Date*