



SPECIAL LEAVE APPLICATION FORM

A. PROCESS

1. Applicants for Special Leave are required to use this form.
2. The application must be submitted to Chief Superintendent **by December 15th** of the year prior to the leave being taken.
3. The application must be copied to the Frontier Teachers' Association (F.T.A.) President, and the appropriate Area Superintendent, Principal, and School Committee.
4. All signatures must be provided. The Principal's signature is for acknowledgement only.
5. Consideration and approval/denial of Special Leave will be as noted in the regulations.

Applicant/Employee Name _____

Current Assignment _____ School _____

Length of Service _____ Leave type (8 or 10 year) _____

B. REASONS FOR TAKING SPECIAL LEAVE (✓)

1. Professional Development 2. Long Service Recognition

C. RETIREMENT ALLOWANCE (✓)

Indicate if special leave is to be used as a retirement allowance YES NO

Additional Information (if appropriate): _____

D. ACKNOWLEDGEMENT AND SIGNATURES

This form must be signed by your principal for acknowledgement purposes only.

Principal's Signature _____ Date _____

This application must be signed by the teacher.

Applicant's Signature _____ Date _____

Copy to: Area Superintendent
 Principal
 School Committee
 FTA President

Adopted September 1, 2009		
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