

REQUEST FOR LEAVE OF ABSENCE TRANSPORTATION

Name: _____ Position: _____

School: _____ Dates (s): _____

Note: If a medical leave of 3 days or more is requested, a doctor's note is required.

Agreement: <input type="checkbox"/> NON-UNION <input type="checkbox"/> CUPE 5123 <input type="checkbox"/> DPEA	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____
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Type of Leave: _____ Article/Section: _____

If unable to schedule a medical appointment time outside the work day, the following must be completed:

Appointment Time: _____ Location: _____

Other Pertinent Information: (Please attach if insufficient space) _____

Spare Driver: _____

Form MUST be submitted in advance of request.

Employee _____ Date _____

FINAL APPROVAL:

<input type="checkbox"/> Approval With Pay	<input type="checkbox"/> Denied
Transportation Manager _____	Date _____
<input type="checkbox"/> Approval Without Pay	<input type="checkbox"/> Denied
Director of Education _____	Date _____

**Request for Leave of Absence Form is to be forwarded to the
Payroll Department Fax @ 1-866-473-4773 for final approval.
NOTE: If denied, the Transportation Department will advise.**