

APPLICATION FOR LEAVE OF ABSENCE (OCCASIONAL/CASUAL EMPLOYEES)

(to be completed and returned to the Human Resources Department)

** Occasional Teachers should refer to their Collective Agreement for details and eligibility requirements **

Name		Employee ID	
School/Location			
Contact Information on Leave	(Address, Telephone, Email)		

I wish to apply for:

- Pregnancy Leave.**
 Expected date of childbirth _____
 (Attach confirmation of due date from health care provider)

- Adoption Leave.**
 Expected date of child first coming into care and control of employee _____

- Parental Leave.**

- Voluntary Leave of Absence (one [1] year maximum)**

Start Date of Leave: _____

End Date of Leave: _____

Applicant Signature _____

Date _____