

School District #49 (Central Coast)

1847 Highway 20, PO Bag 130, Hagensborg, BC, VOT 1H0 Phone: (250) 982-2691 Fax: (250) 982-2319

APPLICATION FOR LEAVE OF ABSENCE

(ADMINISTRATORS AND EXEMPT STAFF)

First Date of Leave:	Name:		Position:	Location:
Extended Parenthood Leave Leave For Personal Reasons Paternity Leave Emergency Leave For Family Illness Adoption Leave Leave On Request of Other Agencies Duty And Appearances In Legal Proceedings Other Extended Leaves Compassionate Leave Other Leaves (provide explanation) Funeral Leave Holidays Leave For Elective Office Sick Leave Worker's Compensation Leave Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From: (AM/PM) To: (AM/PM) To: (AM/PM) First Date of Leave: Return to work date: Total days requested: (MMM DD, YYYY) Signature: Date: (Signature of Employee) (MMM DD, YYYY) ********************************	Please see reverse sid	de for a brief explana	tion of Article guidelines	& refer to your contract
Extended Parenthood Leave Leave For Personal Reasons Paternity Leave Emergency Leave For Family Illness Adoption Leave Leave On Request of Other Agencies Duty And Appearances In Legal Proceedings Other Extended Leaves Compassionate Leave Other Leaves (provide explanation) Funeral Leave Holidays Leave For Elective Office Sick Leave Worker's Compensation Leave Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From: (AM/PM) To: (AM/PM) To: (AM/PM) First Date of Leave: Return to work date: Total days requested: Signature: Date: (IMMM DD, YYYY) ********************************	Child B	irth Leave		Extended Service Leave
Paternity Leave Adoption Leave Adoption Leave Duty And Appearances In Legal Proceedings Compassionate Leave Duty And Appearances In Legal Proceedings Compassionate Leave Holidays Leave For Elective Office Worker's Compensation Leave If working a partial day, please specify time away Detailed explanation of leave if requested: From: (AM/PM) To: (AM/PM) First Date of Leave: Return to work date: Total days requested: (MMM DD, YYYY)				
Adoption Leave Duty And Appearances In Legal Proceedings Compassionate Leave Compassionate Leave Compassionate Leave Holidays Leave For Elective Office Worker's Compensation Leave Worker's Compensation Leave Worker's Compensation Leave Worker's Compensation Leave Working a partial day, please specify time away Detailed explanation of leave if requested: From: (MMM DD, YYYY) Return to work date: (MMM DD, YYYY) ********************************				
Duty And Appearances In Legal Proceedings Compassionate Leave Compassionate Leave Funeral Leave Leave For Elective Office Worker's Compensation Leave Worker's Compensation Leave Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From:(AM/PM) To:	•			- '
Compassionate Leave	·			
Funeral Leave Leave For Elective Office Worker's Compensation Leave Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From: (AM/PM) To: (AM/PM) To:				Other Leaves (provide explanation)
Leave For Elective Office Worker's Compensation Leave Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From:(AM/PM) To:(AM/PM) To:(AM/PM) First Date of Leave: Return to work date: Total days requested: [MMM DD, YYYY) Signature: Date: (Signature of Employee) **********************************	•			
Substitute Required? Yes No If working a partial day, please specify time away Detailed explanation of leave if requested: From:(AM/PM) To:(AM/PM) To:(AM/PM) To:(AM/PM) To:	Leave For Elective Office			•
If working a partial day, please specify time away Prom:	Worke	r's Compensation Le	ave	
Detailed explanation of leave if requested: From:(AM/PM) To:				Substitute Required? Yes No
First Date of Leave:				If working a partial day, please specify time away
First Date of Leave: Return to work date: Total days requested: (MMM DD, YYYY) Signature: Date: (Signature of Employee)	Detailed explanation of leave if requested:		:	From: (AM/PM) To: (AM/PM)

**************************************	Signature:	(Signature of Em	nplovee)	Date: (MMM DD. YYYY)
I recommend this request be:	********			
(Signature of Principal/Supervisor) ***********************************			TO BE COMPI	LETED BY SUPERVISOR
(Signature of Principal/Supervisor) ***********************************				
**************************************	I recommend this request be: ☐ Approved ☐ Not Appr			
Approved: Date:	******	******	*****	, , , ,
Approved: Date:	Admits Nation		FOR BOARI	D OFFICE USE ONLY
Without Prejudice or Precedence Pending Substitute Availability	Admin Notes:			3 3 1 1 3 2 3 1 2 1 1 2 1
☐ Without Prejudice or Precedence ☐ Pending Substitute Availability (MMM DD, YYYY)				
☐ Without Prejudice or Precedence ☐ Pending Substitute Availability (MMM DD, YYYY)	Annroyed:			Date
·	Αρριονεα	_		(MMM DD, YYYY)
		☐ Without Prejudi	ce or Precedence	☐ Pending Substitute Availability
Source of Funds: District Cost □ Salary Deduction □ Personal/Sick Leave Other	Source of Funds:	District Cost	☐ Salary Deduction	☐ Personal/Sick Leave Other

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These are brief explanations on limitations and requirements on types of leave. Please check your contract for more detail and benefit and seniority implications.

<u>Child Birth Leave</u>: Child birth leave shall be without pay.

Extended Parenthood Leave: The leave is without pay. Only one parent is entitled to the leave.

<u>Paternity Leave</u>: Upon the birth of a child, at the time of adoption or legal guardianship, the father shall be granted up to two (2) days paternity leave without loss of pay.

<u>Adoption Leave</u>: Employees shall be entitled to up to five (5) days leave of absence without pay for travel and interview time in connection with the adoption of a child.

Jury Duty And Appearances In Legal Proceedings: Leave with pay for attendance for jury duty or legal proceedings by reason of a subpoena. Copy of subpoena or summons is required, and any monies received for jury duty, witness fees, etc., must be paid over to the Board.

<u>Compassionate Leave</u>: Up to three (3) days leave with pay where a death or serious illness occurs in the immediate family. An additional two (2) days with pay will be granted if travel outside of the District is required because of a death.

Funeral Leave: Leave with pay for one (1) day.

<u>Leave For Elective Office</u>: Leave with pay. Any honorarium up to 100% of salary must be paid over to the School Board.

<u>Worker's Compensation Leave</u>: Leave with pay for the period of time an employee is permitted to be absent from work because of an accident for which compensation is paid under the Workers' Compensation Act.

Extended Service Leave: Extended service leave shall be limited to one member of the Association in each school year.

<u>Leave For Personal Reasons</u>: Leave with pay for three (3) days per contract year, plus one (1) additional day which must be taken on a Professional Development day. Personal days are not to be taken either immediately before or after the summer, spring or winter periods of school closure.

Emergency Leave For Family Illness: Leave without pay for up to three (3) days.

<u>Leave On Request Of Other Agencies</u>: Leave with pay. Any honorarium up to 100% of salary must be paid over to the School Board.

Other Extended Leaves: Terms and conditions shall be established at the time such leave is granted.

Other Leaves: Leaves as per Employment Standards Act, please provide details.

<u>Holidays</u>: Employees' vacations shall, where practical, be granted at the time requested, but in all cases the commencement date must be at the convenience of the board Preference in choice of individual employee's vacation dates shall be determined by seniority of service.

Sick Leave: The leave is with pay provided the employee has sufficient sick leave accumulated.