

**Gore Public School**

Application for School Employee Leave Request

*All Leave is to be approved prior to absence when possible*

Employees are to make a copy of the approved form and keep in their personal file

Employee name \_\_\_\_\_ Campus \_\_\_\_\_

Date of Leave: \_\_\_\_\_ Number of days included in leave: \_\_\_\_\_

Type of leave (Please circle one as per policy/GTA Agreement)

- 1. Sick (Documentation meeting board policy and GTA agreement descriptions may be requested)  
*(Brief explanation may be place on the reverse side of this sheet.)*
- 2. Personal Business
- 3. Bereavement (See GTA Definition and requirements)
- 4. Leave without pay
- 5. Vacation (12 month employees only)
- 6. Professional Development (Must be pre approved by admin.)Event: \_\_\_\_\_
- 7. Emergency (See GTA Definition and requirements) Explain: \_\_\_\_\_
- 8. Comp Time
- 9. Leave was not approved prior to absence
- 10. Other: (Explain) \_\_\_\_\_

Please complete and return to Principal after obtaining signature from leave clerk

Leave Clerk signature verifying approval of leave day's available: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of employees to keep record of their leave.

Employee Signature \_\_\_\_\_

Principal/Superintendent Signature: \_\_\_\_\_

Principal will turn in form to appropriate person

Date: \_\_\_\_\_ form approved by admin.

By signing above you acknowledge the information is complete and correct as per Board Policy and GTA Agreement. Falsifying information is grounds for disciplinary action including a recommendation of suspension and/or termination-non-reemployment.