



Riverside School Board

REQUEST FOR A PART-TIME LEAVE OF ABSENCE WITHOUT PAY

In conformity with the provisions of the collective agreement, the policy and procedures regarding leaves of absence without pay, I,

Name: _____

School or Department: _____ Position: _____

request a part-time leave of absence without pay according to the following:

Reason for the request:

Period: For a complete school year: indicate the year: _____

For part of a school year from _____ to _____

Details of LEAVE:

_____ day(s) per week [indicate day(s)] _____

Number _____ [days(s)]

OR

LEAVE = _____% of my regular workweek.

I have read the articles of the collective agreement pertaining to this subject as well as the policy and request this leave accordingly.

Signature of employee

Date

FOR THE USE OF IMMEDIATE SUPERIOR

I recommend the part-time leave of absence without pay request as described above yes no

Details or comments: _____

Principal or Director

Date

FOR THE USE OF THE HUMAN RESOURCES DEPARTMENT

The part-time leave of absence without pay request as described above is accepted
refused

Period: From: _____ to: _____

% of leave: _____ or _____ day(s) per week.

Details: _____

Wendy Bernier
Interim Director of Human Resources

Date

c.c. Union
Principal or Director