

LLOYDMINSTER SCHOOL DIVISION #99  
TEACHER LEAVE REQUEST FORM

TO BE COMPLETED IN ADVANCE OF THE DATE LEAVE IS REQUESTED (or immediately upon returning to work).

**PART A:**

Name : \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

Absent from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) for a total of \_\_\_\_\_ day(s) or \_\_\_\_\_ hr(s).

The reason for my absence was/will be: (please check)

1. **SCHOOL BUSINESS:**  Field Trip  Inservice  Extra-curricular

Please specify event: \_\_\_\_\_

2. **SICK LEAVE:** (Not to include family members.)  Illness  Appointment: Type: \_\_\_\_\_

3. **COMPASSIONATE LEAVE:** Section 6 (L.I.N.C.)

Family  Friend or Colleague Funeral

Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Location: \_\_\_\_\_ Reason for Leave : \_\_\_\_\_

4. **SPECIAL LEAVE:** Section 7 (L.I.N.C.)

Appointment (Spouse or Child)  Medical Appointment (Parent)  Other Leave (per LINC)

**Please provide sufficient information to support your request for leave.** If the leave is needed to provide assistance to a family member, please identify the individual by name and relation to employee, and explain briefly the need for assistance.

\_\_\_\_\_  
\_\_\_\_\_

5. **EARNED DAY OFF (EDO)**  6. **ADMIN FLEX DAYS**  7. **PERSONAL DAY (LINC - 7.2)**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*INCOMPLETE FORMS WILL BE RETURNED\*\*\*

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**PART B** (completed after Principal/Supervisor approval):

Principal/Supervisor's Signature : \_\_\_\_\_  Approve  Pending Time Available

The Principal/Supervisor's signature indicates that the absence meets with the operational requirements of the school/department.

\_\_\_\_\_ was/will be employed for a total of \_\_\_\_\_ day(s) or \_\_\_\_\_ hr(s).  
(Name of Substitute)

**PART C:** Central Office Action:  Approved  With pay  Without pay  Other  Not Approved

**Authorization:** \_\_\_\_\_  
(Director or Designate)

Process:

1. Staff Member: complete PART A and submit to the Principal or Supervisor for approval.
2. Principal/Supervisor: completes PART B as required and forward without delay to the Payroll Dept at Central Office.  
*If name of substitute is not known at the time of completion insert "Pending" and notify [elaine.behm@lpsd.ca](mailto:elaine.behm@lpsd.ca) once known*
3. Central Office: return copy of request to staff member upon completion. (Revised July 2008)

**Completion Process:**

*Part A- To be completed by employee requesting leave  
Submit to Principal or Supervisor for approval*

*Part B- To be completed by Principal or Supervisor  
If leave is approved, substitute to be engaged as required Submit  
signed form to the Accounting Department at Central Office*

*Part C - Completed by Director or designate  
Employee notified of status by return copy*

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I. Leave Request Forms must be **completed and submitted** in a **timely** manner.

"Timely" being defined for these purposes as:

- i) on the day the request is made by a teacher or support staff member in the case where the date of the requested leave date is known in advance.
- ii) on the first day the employee is back to work in the case of a sick leave absence.

Central office staff should not have to call repeatedly to obtain leave forms after the leave has been taken.

II. **If, at the time the Leave Request Form is completed, a sub has not been arranged, it should be remitted indicating that sub arrangements are pending.** Once the sub is arranged e-mail the name to the payroll department ([elaine.behm@lpsd.ca](mailto:elaine.behm@lpsd.ca)) and the information will be added to the form.

III. Forms must be accurate and complete. Approval decisions may only be made based on information provided.

Complete and timely information will enable timely and accurate payroll for all. Incomplete information for a single employee may delay payroll disbursements for the entire staff.