



**GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD**  
**REQUEST FOR ABSENCE**  
**Miscellaneous Short Term Absences**

**To be used for all absences other than personal illness, vacation or professional development. Complete and forward all copies to Human Resources. See back of form for further important information.**

**Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Position: Please check one of the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> Elementary School Teacher                | <input type="checkbox"/> Professional Student Services Personnel, O.S.S.T.F. |
| <input type="checkbox"/> Secondary School Teacher                 | <input type="checkbox"/> Educational Support Services, O.S.S.T.F.            |
| <input type="checkbox"/> Occasional Teacher - Elementary          | <input type="checkbox"/> Custodian, C.U.P.E. 27                              |
| <input type="checkbox"/> Occasional Teacher - Secondary           | <input type="checkbox"/> Administration - Non-Bargaining Unit                |
| <input type="checkbox"/> Office/Clerical/Technical, C.U.P.E. 1348 | <input type="checkbox"/> Other _____   |

**PERIOD OF ABSENCE REQUESTED FROM:** Note: If absence is for one day or less, use beginning date only.

<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	TO	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input style="width: 40px; height: 30px;" type="text"/> TOTAL DAYS ABSENT
_____ Year    Month    Day		_____ Year    Month    Day	

**REASON FOR ABSENCE:** Provide full details (time, location, travelling time required, etc.).

\_\_\_\_\_

\_\_\_\_\_

- Covered by the Collective Agreement under Section \_\_\_\_\_
- Covered by the Union (Please indicated which Union is to be billed) \_\_\_\_\_
- Requested Without Pay

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY SUPERINTENDENT/PRINCIPAL/IMMEDIATE SUPERVISOR:**  
 I have reviewed and discussed this absence with the above named employee. To the best of my knowledge, the information provided by the employee is correct. My signature below confirms review of this request, not approval.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HUMAN RESOURCES**

- Leave NOT granted.
- Leave granted       With Pay       Without Pay (Payroll will deduct pay for days.)
- Partial Loss (Cost of a qualified Occasional Teacher) \_\_\_\_\_

\_\_\_\_\_  
Signature of Manager of Human Resources or Human Resources Officer

\_\_\_\_\_  
Date

## IMPORTANT INFORMATION

Effective March 1, 2000, the Board's practice regarding requests for Miscellaneous Leaves of Absence for teaching staff and all staff who work directly with students, for reasons including, but not limited to those listed below, has been clarified as follows:

honeymoon trips,  
out-of-town weddings,  
trips to accompany spouse in the course of the spouse's employment,  
trips won as prizes which must be taken at specified times,  
trips to accompany one's children to sporting events,  
trips related to church or community missionary work, and,  
days on either side of March or Christmas Break or other school holidays needed to accommodate flights/travel arrangements, etc.

Requests for Leave of Absence (with or without pay) for reasons related to the above events that can be construed as "vacation", which are not expressly covered by the Collective Agreements, will not be approved.