

**Lloydminster Catholic School Division
Request for Leave from Duties -- Teaching Staff Form**

Name: _____ Date of Request: _____

Date(s) of Leave: _____ Number of Day(s): _____

Substitute Required (circle): **Yes** **No** Sub Name: _____

Supervision Required (circle): **Yes** **No** Before School AM Recess Lunch PM Recess After School
IN / OUT IN / OUT IN / OUT IN / OUT IN / OUT

Day Requested √	CODE	DESCRIPTION	LINC #		FORM REQUIRED	Day Start & End Times or Special Notes for the school office
	ADOP	Adoption	L10.2			
	CIVC	Civic Duty	L10.10		Documentation	
	COMP	Compassionate Leave - up to 3 days	L10	X		
	FLEX	Flex Days	L10.5			
	GRAD	Graduation/Convocation	L10.3			
	ILL	Sick Leave (circle one) Illness/Medical/Dental/Specialist				
	MAT	Maternity Leave		X	Letter	
	NEGL	Negotiation Leave	L10.9			
	NHR	Noon-Hour Supervision	L11			
	NHRA	Noon-Hour Supervision Accumulative Days - Max 5 days	L11.2			
	OCNC	Out of Classroom Extra-curricular ie. Sports		X		
	OOC	Out of Classroom Curricular ie. Field Trips		X		
	OTHR	Other - ie. CISM		X		
	SEC	Secondment				
	SPLV	Special Leave - Family Health Needs (Spouse, Child, Parent)	L10.3.4	X		
	WELL	Personal Wellness Day	L10.4			
	XEDO	Extra-curricular EDO				
	SBPD	School Based PD		X	PD App	
ITEMS BELOW REQUIRE DIRECTOR OR DESIGNATE APPROVAL						
Supporting Documents from LINC to be included prior to submission for approval						
	DAP	Administrative Leave	L10.7			
	DAP	Approved Leave	L10.11	X	Letter	
	DAP	Compassionate Extraordinary Leave - over 3 days	L10.1	X		
	DAP	Extended Medical Leave	AP455		455-1	
	CENT	Central Professional Learning			411	

School Based Admin Notes:

Signature of Staff: _____ Date: _____

Approval Signature: _____ Date: _____

Director Signature: _____ Date: _____