

## Lloydminster Catholic School Division Request for Leave from Duties -- Support Staff Form

**Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Date(s) of Leave:** \_\_\_\_\_ **Number of Day(s):** \_\_\_\_\_

**Replacement Required: (Circle):** Yes    No    **Replacement 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	AP #	DATA ENTRY COMMENT REQUIRED in SRB	FORM REQUIRED	Day Start & End Times or Special Notes for the school office
	ADOP	Adoption	404			
	CIVIC	Leave for Civic Duty	404			
	COMP	Compassionate Leave - up to 3 days	404	X		
	GRAD	Graduation / Convocation				
	ILL	Sick Leave ( <b>circle one</b> ) Illness/Dental/Medical/Specialist	404	Type of Day		
	LFAD	Leave from Assigned Duties - Up to 3 days - without pay	404	x		
	MAT	Maternity Leave (Note start Date Only)		X		
	OCNC	Out of Classroom - Extra-curricular ie. YC/Sports/PC Tour		X		
	OOC	Out of Classroom - Curricular Time		X		
	OTHR	Other - ie / CISM		X		
	PID	Personal Interest Day - Support Staff Only	404			
	SEC	Secondment		X		
	SPLV	Special Leave - Health Needs of Family Member (Spouse, Child, Parent)	404	X		
	VACA	Vacation - 12 month employees only				
	WELL	Personal Wellness Day	404			
	XEDO	Extra-curricular EDO	404			
	SBPD	School Based Staff Development		X		

<b>ITEMS BELOW REQUIRE DIRECTOR OR DESIGNATE APPROVAL</b>						
<b>Supporting Documents from AP404 to be included prior to submission for approval</b>						
	DAP	Compassionate Extraordinary Leave over 3 days		X		
	DAP	Leave of Absence (Short Term)	404	X	Letter	
	DAP	Leave from Assigned Duties without pay over 3 days	404	X	Letter	
	DAP	Extended Medical Leave	455	X	455-2	
	DAP	Central Based Staff Development		X	411	

**School Based Admin Notes:**

\_\_\_\_\_

\_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_