



Nipisihkopahk Education Authority Leave Form



Employee Name: _____ Date: _____
 School/Dept: _____

From: _____ Check: AM ____ PM ____ Day ____
 To: _____ Check: AM ____ PM ____ Day ____
 Total days away: _____

Will your Leave require a substitute teacher? Yes ____ No ____

Declaration of Personal Leave

Sick
 Personal Needs

Please Indicate

Leave with Pay
 Leave without Pay

First 15 days are paid,
 subsequent days are
 without pay.

Note: These leaves are your personal leaves - of which you have a maximum of 15 per year unless otherwise prorated.

Employee Signature: _____

Principal/Supervisor Signature: _____

Application for Other Leave

Education/PD/Training	<input type="checkbox"/>	Cultural/Spiritual	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	Convocation	<input type="checkbox"/>
Compassionate	<input type="checkbox"/>	Court (Jury Duty Only)	<input type="checkbox"/>
Maternity/Paternity	<input type="checkbox"/>	Annual Leave (non school staff)	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	Other Leave (without pay)	<input type="checkbox"/>

Note: These leaves are separate from your personal leave days and require administration office approval.

When completing an Application for Leave, please provide the reason for the application.

Employee Signature: _____

HR Administrator Signature: _____

Superintendent Signature: _____