

**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
Day Requested v	CODE	DESCRIPTION	LINC #
	ADOP	Adoption	L10.2
	CIVC	Civic Duty	L10.10
	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	
	MAT	Maternity Leave	X Letter
	NEGL	Negotiation Leave	L10.9
	NHR	Noon-Hour Supervision	L11
	NHRA	Noon-Hour Supervision Accumulative Days - Max 2 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	Pandemic / Quarantine Leave	CBA X
	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: _____	