



Ottawa-Carleton Catholic School Board

Teachers' Application for Leave of Absence

PLEASE COMPLETE ALL INFORMATION IN THIS SECTION

NAME: _____ I.D.# _____

SCHOOL: _____

POSITION: _____

YEARS EMPLOYED WITH THIS BOARD: _____

TYPE OF LEAVE REQUESTED: _____

PERIOD OF LEAVE: FROM: _____ TO _____

REASON FOR REQUEST (Attach extra page if necessary)

Signature of Applicant Date

THIS SECTION COMPLETED BY HUMAN RESOURCES

Request approved as outlined above: Request approved as revised: Request not approved:

COMMENTS:

Signature Date

This form is completed by Teachers applying for a leave of absence as outlined in the Collective Agreement. Requests normally must be received by March 1 of the year preceding the leave. Other requests may be considered at other times. Teachers will receive a letter advising them of the outcome of their request.