



# 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.*