



School District No. 73 (Kamloops/Thompson)

APPLICATION FOR LONG-TERM FULL TIME LEAVE FROM TEACHING POSITION

1383 9th Avenue Kamloops, B.C. V2C 3X7 Ph. 250-374-0679 Fax 250-372-1183

Last Name:		First Name/Initials:	Home Telephone:	
School:			CURRENT FTE	<input type="checkbox"/> Continuing <input type="checkbox"/> Term Certain
<input type="checkbox"/> Elementary Grade Assignment _____	<input type="checkbox"/> Secondary Course Assignment: (List Courses by Semester) Please note if you have a Prep block. Semester 1 _____ Semester 2 _____			
First Day of Leave			Last Day of Leave	
<input type="checkbox"/> MATERNITY LEAVE <input type="checkbox"/> PARENTAL LEAVE <input type="checkbox"/> ADOPTION LEAVE				
Expected due date: _____ Have you or your partner served the 2 week EI waiting period already? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be commencing a new EI claim <input type="checkbox"/> Or re-opening an existing claim? <input type="checkbox"/>				
<input type="checkbox"/> PERSONAL LEAVE				
Leave FTE requested: <u> 1.0 </u>				
<input type="checkbox"/> COMPASSIONATE CARE LEAVE				
Leave FTE requested: <u> 1.0 </u>				
Comments:				
Please submit completed form by email for approval to edservices@sd73.bc.ca. This application will be reviewed by the Human Resources Department.				

Signature: _____ Date: _____

I concur with this request:

Principal's Signature: _____ Date: _____

HR Dept Only Approved: _____	<input type="checkbox"/> Payroll Authorization <input type="checkbox"/> Posting Required <input type="checkbox"/> Posting Date _____	<input type="checkbox"/> No Posting Required <input type="checkbox"/> Position assigned to _____
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