



Application for Leave of Absence Secondary Teachers

Name _____ Employee I.D.: _____
Home Address: _____ Assignment: _____
School: _____
Postal Code: _____ Phone: _____ School Phone No.: _____

Please submit completed form to Shauna Patrick s.patrick@tvdsb.ca

Type of Leave Requesting Full-Time ☐ Complete Box "A" Part-Time: ☐ Complete Box "B"

School Year: September 20 ____ to August 20 ____

A. Full-Time Leaves - Article L16.16 Two (2) consecutive years limit / Application deadline is March 15

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First Year

Article L16.19 Teachers returning from a leave of one school year or less shall be placed at the school from which they took the leave, subject to seniority and qualifications.

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Second Year

Article L16.20 Teachers returning from a leave greater than one school year will be returned to the staff list of their previous school for the purposes of tracking staff during the staffing process. If there is no vacancy for which the Teacher is qualified, the teacher will be declared surplus to the school, regardless of seniority.

B. Part-Time Leaves - Article L34.02

Application deadline is March 15

Leave Request FTE _____ + Will be Teaching FTE _____ = Total Entitlement FTE _____

While on Leave Indicate # of lines to be Teaching:

SEM.1 _____ SEM.2 _____

TO BE COMPLETED BY PRINCIPAL:

- () The program needs of the school CAN be met with the approval of this leave.
() The program needs of the school CAN NOT be met with the approval of this leave.
() Please HOLD Leave for staffing considerations

Date of Application:

Manager, Human Resources

YY _____ MM _____ DD _____

cc: School Principal
LTD Plan Administrator
Staffing/Absence/Pay Direct

Applicant's Signature

Principal's Signature