



# Fort La Bosse School Division

## Application For

(Where circumstances permit, completed applications shall be submitted to the School Administrators/Administrators not less than two days prior to the requested date(s) of leave. For all leaves requiring extended time beyond contract, a letter to the Superintendent is required and should be attached to this application form.)

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

Position(s) and/or Assignment(s): \_\_\_\_\_

Date(s) of Personal Leave Requested: \_\_\_\_\_

Reason(s) for Personal Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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The space is for School Administrators/Administrators comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

\_\_\_\_\_  
School Administrators/Administrators

Date	No. of	Deductions, if any

\_\_\_\_\_  
Superintendent Approval

Current Deduction: