

Form 407-1

**NORTHERN LIGHTS SCHOOL DIVISION #113
Leave Authorization Request for Non Teaching Staff**

NAME: _____ DATE: _____

SCHOOL/OFFICE: _____ POSITION: _____

TYPE OF LEAVE (Check One):

VACATION () *MATERNITY/PATERNITY ()

EDO () TIME IN LIEU ()

*SICK LEAVE () *LEAVE WITHOUT PAY ()

COMPASSIONATE () *COURT DUTY ()

*OTHER _____ ()

PROPOSED DATE(S) OF ABSENCE: _____

NO. OF DAYS/HOURS: _____

REASON FOR REQUEST: _____

***Attach appropriate documentation where required**

**For more information on leaves refer to
Terms and Conditions
Prior notification of supervisor is required
for ALL leaves**

EMPLOYEE'S SIGNATURE

FOR OFFICE USE ONLY:

School Based Staff:

Principal's recommendation

Approved: Yes _____ No _____

Principal's Signature

Comments: _____

Recorded by Payroll Department ()

Recorded by Human Resource Department ()

Central & Sub Office Staff

Supervisor's recommendation:

Approved: Yes _____ No _____

Immediate Supervisor Signature

Comments: _____

