

FORM NO.

E L



DATE RECEIVED

PAYROLL

EXTENDED LEAVE FORM

DISTRICT NO. DISTRICT NAME _____

SCHOOL NO. SCHOOL NAME _____

SOCIAL INSURANCE NUMBER SURNAME _____ GIVEN NAME _____ INITIAL _____

NOTE – EXTENDED LEAVE IS FOR A PERIOD OF MORE THAN 20 TEACHING DAYS,
(ATTACH MEDICAL CERTIFICATE)

EFFECTIVE DATE		
YY	MM	DD

TYPE OF EXTENDED LEAVE (Check one)	
<input type="checkbox"/>	40 LONG TERM SICK – PAID
<input type="checkbox"/>	41 INJURY ON DUTY – PAID
<input type="checkbox"/>	42 LONG TERM OTHER – PAID SPECIFY _____
<input type="checkbox"/>	43 MATERNITY
<input type="checkbox"/>	44 ADOPTION
<input type="checkbox"/>	45 LONG TERM SICK – UNPAID
<input type="checkbox"/>	46 LONG TERM BOARD APPROVED – UNPAID
<input type="checkbox"/>	47 UNPAID SUSPENSION
<input type="checkbox"/>	48 EDUCATIONAL
<input type="checkbox"/>	50 PAID SUSPENSION

DATE _____ DISTRICT AUTHORIZING SIGNATURE _____
YY / MM / DD