Centre
de services scolaire
du Littoral
Québec

PRINT

REQUEST FOR A PART-TIME LEAVE OF ABSENCE WITHOUT PAY

SECTION I : Category

Management : ☐ Professional : ☐ Support Staff : ☐ Teacher : ☐

SECTION II : Identification

Name:	Employee Number:
School or Service:	Positon:

SECTION III : Reason and Duration of Absence

A request for a leave of absence without pay must be made in accordance with the collective agreement (s) or in accordance with the Local Employment Conditions for Management Staff of Schools and Centres in force and submitted to Human Resources

I hereby request a full-time leave of absence without pay from the Centre de service scoalire du Littoral for the school year for the following reason(s):

Justification of the request :

☐ Studies

☐ Other (specify): _____

Duration:

For a complete school year (indicate the year) : _____

For part of the school year :

from _____ (yyyy/mm/dd) **to** _____ (yyyy/mm/dd)

Details :

_____ Day(s) per week or: _____ (days)

_____ Days per pay period: _____ (day)

_____ Hours per week: _____ (specify)

_____ _____

Employee Signature Date

SECTION : IV Approval of immediate supervision

I approve the request for a part-time leave of absence as declared above.

_____ _____

Immediate Supervisor Date

SECTION V : Human Resources Service Approval

The Centre de services scolaire du Littoral accepts your request for a part-time leave of absence without pay as declared above and as per the following:

Duration:

From _____ (yyyy / mm / dd) to : _____ (yyyy / mm / dd)

_____ % of leave

_____ % of workload

_____ _____

Human Resources Service Date

***Please send this form signed by the immediate supervisor to the following email address:** srh@csdulittoral.qc.ca