

SECTION I - Category			
Management <input type="checkbox"/>	Professional <input type="checkbox"/>	Support Staff <input type="checkbox"/>	Teacher <input type="checkbox"/>
SECTION II - Identification			
Name	Employee number		
School or Service	Position		
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 services scolaire du Littoral for the school year for the following reason(s):			
Justification of the request:			
Studies			
To accompany my spouse to another location due to a change in his or her place of employment			
To enable the utilisation of services of a person on availability			
Personal reasons (specify): _____			
Duration:			
For a complete school year (indicate year): _____			
For a part of the school year:			
from	_____	to	_____
	yy / mm / dd		yy / mm / dd
_____	_____	_____	_____
Employee Signature		Date	
SECTION IV - APPROVAL - Immediate Supervisor			
I approve the request for a leave of absence without pay as declared above.			
_____	_____	_____	_____
Immediate Supervisor		Date	
SECTION V - APPROVAL - Human Resources Service			
The Centre de services scolaire du Littoral accepts your request for a leave of absence without pay as declared above.			
Duration:			
From :	_____	to :	_____
	yy / mm / dd		yy / mm / dd
_____	_____	_____	_____
Human Resources Service		Date	