

REQUEST FOR A PART-TIME LEAVE OF ABSENCE WITHOUT PAY

SECTION I : Category					
	Management :	Professio	nal : 🔲	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 services scolaire 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 to					
		yyyy/mm	n/dd		yyy/mm/dd
Details :					
Day(s) pe	r 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:				% of leave	
From yyyy / mm / do	to: yyyy/mm	1 / dd		% of work	load
Human Resources Servio	ce	Da	ate		

^{*}Please send this form signed by the immediate supervisor to the following email address: srh@cssdulittoral.gouv.qc.ca