



**Lloydminster Catholic School Division Request for Leave from Duties
Support Staff Form**

Date of Request: _____

Name: _____ Substitute Required: Yes No

(Please Circle)

Date(s) of Leave: _____ Number of Day (s): _____

Day Requested	CODE	DESCRIPTION	LINC #	COMMENT DATA ENTRY REQUIRED
	ILL	Sick Leave - Illness/Medical/Dental/Specialist	AP 404	X
	SPLV	Paternity, Sick Child/Parent	AP 404	
	PID	Personal Interest Day - Support Staff Only	AP 404	
	SSPD	Support Staff PD	AP 404	X
	CENT	Central Based PD		X
	LFAD	Leave From Assigned Duties - Up to 3 days	AP 404	X
	COMP	Compassionate Leave - Up to 3 days	AP 404	X
	CIVC	Leave for Civic Duty	AP 404	
	WELL	Personal Wellness Day	AP 404	
	XEDO	Extra-curricular EDO	AP 409	X
	TINL	Time in Lieu	AP 404	X
	EXP	Exemplary Service Day - Special Circumstances - P/T Employees only	AP 404	X
	GRAD	Graduation/Convocation		
	ADOP	Adoption		
	SBPD	School Based Professional Development		X
	VACA	Vacation - 12 month employees only		
	MAT	Maternity leave (Note start Date Only)		X
	OOB	Out of Classroom curricular time		X
	OCNC	Out of classroom - Extra-curricular - YC/Sports/PC Tour		X
	SEC	Secondment		
	OTH	Other - i.e. CISM		
ITEMS BELOW REQUIRE DIRECTOR APPROVAL				
Supporting Documents from LINC or AP 404 to be included prior to submission for approval				
	COME	Compassionate Extraordinary Leave over 3 days		X
	LFD	Leave from Assigned Duties		X
	FAMY	Urgent Family Matters	AP 414	X
	LAST	Leave of Absence (Short Term)		X

Signature of Staff: _____

Approval Signature: _____ Date: _____

Director Signature: _____ Date: _____

Sub Name: _____	Full Day _____
Sub Signature: _____	A.M. ____ P.M. ____