

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

**Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Date(s) of Leave:** \_\_\_\_\_ **Number of Day(s):** \_\_\_\_\_

**Substitute Required (circle):** Yes No **Sub Name:** \_\_\_\_\_

**Supervision Required (circle):** Yes No Before School AM Recess Lunch PM Recess After School  
IN / OUT IN / OUT IN / OUT IN / OUT IN / OUT

Day Requested √	CODE	DESCRIPTION	LINC #		FORM REQUIRED	Day Start & End Times or Special Notes for the school office
	ADOP	Adoption	L10.2			
	CIVC	Civic Duty	L10.10		Documentation	
	COMP	Compassionate Leave - up to 3 days	L10	X		
	FLEX	Flex Days	L10.5			
	GRAD	Graduation/Convocation	L10.3			
	ILL	Sick Leave <b>(circle one)</b> Illness/Medical/Dental/Specialist				
	MAT	Maternity Leave		X	Letter	
	NEGL	Negotiation Leave	L10.9			
	NHR	Noon-Hour Supervision	L11			
	NHRA	Noon-Hour Supervision Accumulative Days - Max 5 days	L11.2			
	OCNC	Out of Classroom Extra-curricular <b>ie.</b> Sports		X		
	OOC	Out of Classroom Curricular <b>ie.</b> Field Trips		X		
	OTHR	Other - <b>ie.</b> CISM		X		
	SEC	Secondment				
	SPLV	Special Leave - Family Health Needs (Spouse, Child, Parent)	L10.3.4	X		
	WELL	Personal Wellness Day	L10.4			
	XEDO	Extra-curricular EDO				
	SBPD	School Based PD		X	PD App	
<b>ITEMS BELOW REQUIRE DIRECTOR OR DESIGNATE APPROVAL</b>						
<b>Supporting Documents from LINC to be included prior to submission for approval</b>						
	DAP	Administrative Leave	L10.7			
	DAP	Quarantine / Pandemic Leave		X		
	DAP	Approved Leave	L10.11	X	Letter	
	DAP	Compassionate Extraordinary Leave - over 3 days	L10.1	X		
	DAP	Extended Medical Leave	AP455		455-1	
	CENT	Central Professional Learning			411	

**School Based Admin Notes:**  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_