



Wild Rose Public Schools

Certificated Staff Personal Leave Notification
(Section 14.3 ATA Collective Agreement)

Teacher's Name: _____

School: _____

This is to advise that I will be absent from my school duties for personal reasons on the following date(s):

Date(s) of Absence			AM FTE*	PM FTE*	Total FTE for Day* <i>(cannot exceed 1.00)</i>
Day (dd)	Month (mm)	Year (yyyy)			

Total FTE Days Absent**	
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Teacher's Signature

Administrator Acknowledgement

Date of Notification

day month year

* Do not use checkmarks in these fields - enter numbers up to two decimal places. The form will total automatically.

** If you are completing the form by hand, you must calculate the "Total FTE for Day" section as well as the "Total FTE Days Absent" section.

Attach to Teacher Absence Report