



**Wild Rose Public Schools**

**Support Staff Leave of Absence Without Pay Request**  
(for 6 days or more)

[Please refer to Administrative Procedure 406](#)

2.1 All requests for leaves of absence without pay for less than 6 days may be granted by the employee's supervisor. The supervisor shall report all approved leaves in writing (via timesheets) to the Division Education Centre.

**Employee Information**

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

**Details of leave request**

From Date: \_\_\_\_\_

To Date: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

Please provide your reason for requesting a Leave of Absence Without Pay and how it will benefit both you and the school division:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>I wish to continue my health benefits at my cost during this leave*</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>*To continue benefits, application must be received by ASEBP prior to the leave commencing.</i></p> <p><i>If "no", benefits terminate on your last active day at work and recommence on your return date.</i></p>
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**Signatures:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature of Support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Superintendent - Corporate Services

\_\_\_\_\_  
Date

**FORWARD TO HUMAN RESOURCES PRIOR TO LEAVE COMMENCING**