

REQUEST FOR SPECIAL LEAVE (PLA)

Support Staff: 20 hrs/week + higher

Date of request: ____ / ____ / ____
Year Month Day

Employee #: _____ NAME: _____
School Name: _____ Occupation: _____

PLA days must be taken in either **half days or full days only.**

In accordance with the article 5-1.01 (h) of the collective agreement and the agreement signed between the IASS and the Lester B. Pearson School Board, I am requesting a special leave of absence without loss of salary on the following date, for the following reason **(ALL employees must indicate the exact number of minutes absent from workday):**

Absence date: ____ / ____ / ____ Duration in minutes: _____ min
Year Month Day

☐ Personal & confidential reasons, no reason to be given - **two per school year.**

☐ Medical appointment* - required specific tests, specialist consultation, or day surgery for the employee and/or the immediate family** - **one per school year.**

☐ Illness* when all sick days have been exhausted - **one per school year.**

☐ The graduation of an immediate family** member. The day of the event: High school, CEGEP or University only - **one per school year.**

☐ Critical illness of an immediate family** member which requires the presence of the employee during working hours at either the medical institution or the domicile where the critically ill person is being tended to. *A medical certificate must be provided stating the need for the employee to be present during working hours* - **maximum of 3 days.**

☐ Birth of a grandchild - **one per school year.**

☐ Observance of high holy days of a recognized and organized religion to which the employee can prove affiliation: **maximum of 3 days.**

☐ Professional Development, with prior approval - must be related to the employee's work - **one per school year.**

Name of course/workshop: _____

N.B.:

Under exceptional circumstances, critical illness, medical appointment, and other illness day may result in extending a holiday of 5 or more days. In this case, the employee must, **at their own expense**, produce a doctor's note confirming the absence reason.

* A medical certificate **may be requested by Human Resources**. If it is requested by Human Resources, then the LBPSB will pay the cost (if any) upon presentation of a receipt.

** Immediate family: spouse, child, spouse's child, mother, father, brother, sister or grandparents.

Employee's signature

Administrator's signature

PLEASE RETURN THIS FORM DIRECTLY TO SHARON LINGLE (absences@lbpsb.qc.ca) - HR