

**NORTHWEST SCHOOL DIVISION NO. 203**

**TRANSPORTATION – EMPLOYEE LEAVE REQUEST FORM**

[Please fax requests to (306) 845-3392 or e-mail *transportation@nwsd.ca*]

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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**A. Please complete this section if you are requesting COMPASSIONATE LEAVE**

\_\_\_\_\_ # of Days Requested With Pay          \_\_\_\_\_ # of Days Requested Without Pay

Name of Family Member: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Date(s): \_\_\_\_\_ Reason for Compassionate Leave: \_\_\_\_\_

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**MUST COMPLETE SECTION C**

**B. Please complete this section if you are requesting a leave OTHER THAN COMPASSIONATE**

\_\_\_\_\_ # of Days Requested With Pay          \_\_\_\_\_ # of Days Requested Without Pay

Date(s): \_\_\_\_\_ Description of Circumstances: \_\_\_\_\_

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**C.**

Replacement Driver	Date	Full or Half Day (indicate AM or PM)	Reason (Check One)				
			Sick Leave	Personal Day	Compassionate Leave	Spec Event Trip	Leave Without Pay

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**To be completed by the Supervisor of Transportation**

\_\_\_\_\_ # of Days Granted With Pay    \_\_\_\_\_ # of Days Granted Without Pay    \_\_\_\_\_ Request Denied

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor of Transportation: \_\_\_\_\_