



# Kainai Board of Education

## ABSENT REQUEST/REPORT

(press hard as you are making three (3) copies)

### Employee Information

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

Department/School: \_\_\_\_\_ Supervisor/Principal: \_\_\_\_\_

### Reason for Request

**NOTE: Additional information may be required as per Policy requirements.**

- Sick – Self (Salaried, Permanent & Seasonal employees only)  
Original Doctors note required after 2 days of sick leave – to be attached to this form.
- Sick – Family Member Relationship: \_\_\_\_\_
- Bereavement Leave Relationship: \_\_\_\_\_ Official Capacity: \_\_\_\_\_
- Personal Leave (Permanent employees only)
- Vacation Leave (Salaried employees only)
- Spiritual Leave (Salaried employees only)
- Maternity/Parental Leave
- Other - Explain: \_\_\_\_\_
- Unpaid Leave (circle one)

**NOTE:** Additional information will be required as per Leave of Absence Policy, these leaves may be EI Eligible. \*Contact HR for further information.

- Compassionate Care Leave
- Critical Illness Family Member Leave
- Death or Disappearance of a Child Leave
- Domestic Violence Leave
- Environmental/Natural Event Leave
- Personal/Family Responsibility Leave
- Reservist Leave
- Work-related illness or injury Leave

Date(s) absent: From: \_\_\_\_\_ To: \_\_\_\_\_  
(M/D/Y) (M/D/Y)

Total Hours: \_\_\_\_\_ Total Days: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Supervisor / Principal / HR Review

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

Supervisor/Principal Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

HR Review: \_\_\_\_\_ Date Signed: \_\_\_\_\_

- Approved
- Rejected
- With Pay
- Without Pay

This is a three (3) part form: **Original** copy to HR / Payroll, **Blue** copy to School, **Pink** copy to the Employee.