



# Maskwacis Education Schools Commission



## Exception Form

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

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

School/Branch: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

(Circle One)

All Day: Yes / No

½ Day AM / PM

Total days away: \_\_\_\_\_

### Type of Leave

Paid Leave Entitlement	Unpaid Leave Entitlement	Unpaid Leave Entitlement
<input type="checkbox"/> Personal (3 days) <input type="checkbox"/> Sick/Medical (14 days) <input type="checkbox"/> Bereavement (5 days) <input type="checkbox"/> Compassionate (5 days) <input type="checkbox"/> Domestic Violence (5 days) <input type="checkbox"/> Jury Duty (10 days) <input type="checkbox"/> Time in lieu of <input type="checkbox"/> Vacation <input type="checkbox"/> Cultural Ceremony (2 days)	<input type="checkbox"/> Personal/Family Resp (5 days) <input type="checkbox"/> Death/Disap of Child (52 wks) <input type="checkbox"/> LT Illness & Injury (EI 16 wks) <input type="checkbox"/> Citizenship Ceremony (½ day) <input type="checkbox"/> Political Campaign (2 wks) <input type="checkbox"/> Domestic Violence (5 days) <input type="checkbox"/> Maternity/Paternity (18 months) <input type="checkbox"/> Without Pay	<input type="checkbox"/> ST Illness (GWL 17 wks) <input type="checkbox"/> Comp.Care (27 wks) <input type="checkbox"/> Reservist (26 wks) <input type="checkbox"/> External Board <input type="checkbox"/> LT Illness & Injury (GWL) <input type="checkbox"/> Critical Illness of Child (36 wks) <input type="checkbox"/> Bereavement (3 days)

Additional Information:

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Office Use Only		
Approved:	With Pay _____	Without Pay _____ Denied _____