

REQUEST FOR SABBATICAL LEAVE WITH PAY

SECTION I: Identification	
Name:	Employee number:
School or Service:	Position:
SECTION II: Teaching personnel	
Duration of Plan: <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years	
Payment plan (starting date):	
<input type="checkbox"/> Beginning of school year (August 20____)	
<input type="checkbox"/> Middle of school year (End of January 20____)	
Leave planned for:	
<input type="checkbox"/> 1 yr : School year 20____ - 20____	
<input type="checkbox"/> First 100 days of the school year 20____ - 20____	
<input type="checkbox"/> Last 100 days of the school year 20____ - 20____	
Percentage of contract : _____ %	
SECTION III: Other categories of personnel (support staff, professional and management)	
Duration of Plan: <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years	
Plan starting date: _____	
Duration of leave (months) : _____	
Plan start date: _____	
Percentage of leave: _____ %	
I have read and understand the modalities of the collective agreement/Local employment Conditions for Management Staff in regards to this request and I hereby sign this contract in accordance to the modalities described upon its reception.	
_____	_____
Employee Signature	Date
SECTION IV: Recommendation of immediate supervisor	
I acknowledge the present request and I approve the modalities of the contract.	
_____	_____
Immediate Supervisor	Date
SECTION VI: Approval of Human Resources Service	
The Centre de services scolaire du Littoral accepts your request for a sabbatical leave with pay. We are forwarding a copy of the contract, which you must sign and return to us.	
_____	_____
Human Resources Service	Date

*Please send this form signed by the immediate supervisor to the following email address: srh@csdulittoral.qc.ca