



## SPECIAL LEAVE APPLICATION FORM

### A. PROCESS

1. Applicants for Special Leave are required to use this form.
2. The application must be submitted to Chief Superintendent **by December 15<sup>th</sup>** of the year prior to the leave being taken.
3. The application must be copied to the Frontier Teachers' Association (F.T.A.) President, and the appropriate Area Superintendent, Principal, and School Committee.
4. All signatures must be provided. The Principal's signature is for acknowledgement only.
5. Consideration and approval/denial of Special Leave will be as noted in the regulations.

Applicant/Employee Name \_\_\_\_\_

Current Assignment \_\_\_\_\_ School \_\_\_\_\_

Length of Service \_\_\_\_\_ Leave type (8 or 10 year) \_\_\_\_\_

### B. REASONS FOR TAKING SPECIAL LEAVE (✓)

1. Professional Development                       2. Long Service Recognition

### C. RETIREMENT ALLOWANCE (✓)

Indicate if special leave is to be used as a retirement allowance YES  NO

Additional Information (if appropriate): \_\_\_\_\_

### D. ACKNOWLEDGEMENT AND SIGNATURES

This form must be signed by your principal for acknowledgement purposes only.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

This application must be signed by the teacher.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to:            Area Superintendent  
                      Principal  
                      School Committee  
                      FTA President

Adopted September 1, 2009		
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