



British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca
TTY 604-871-2185 (deaf and hard of hearing)

Superintendent fax number: _____ Date: _____

PROVINCIAL SPECIALIST ASSOCIATION LEAVE OF ABSENCE REQUEST

FAX TO: Superintendent of schools, SD _____

FROM: _____ (name of PSA)

Contact person: _____ PSA treasurer PSA president

Signature of contact person: _____

A LEAVE OF ABSENCE IS REQUESTED

FOR: _____ (PSA officer/member)

SCHOOL: _____

LOA DATE(S): _____ (full day/am/pm)

A TTOC is requested: full day am only pm only

REASON: BCTF PSA business

The PSA will be responsible for payment of a teacher on call. Please employ a teacher on call who is a BCTF member.

SEND THE INVOICE TO: PSA Contact (PSA treasurer or president)

PSA account number: Y_____ (PSA program)

For follow up PSA use only

Was a TTOC requested? YES or NO (*please circle*)

If no, please explain: _____

Copies to: Superintendent, *Principal, Teacher, BCTF Accounting*

