SCHOOL DISTRICT NO. 23

CENTRAL OKANAGAN

"Together We Learn"

APPLICATION TO PARTICIPATE IN SCHOOL DISTRICT NO. 23 SELF-FUNDED LEAVE PLAN

1. Name of Teacher _____

2. School _____

3. Number of years of service as a teacher as of June 30 the previous year _____

4. Number of years of service in S.D. No. 23 as of June 30 the previous year _____

5. Reason(s) for taking the leave:

_____

_____

_____

_____

6. I have read Policy 325 and understand the terms and conditions for participation in the plan and taking the leave.

   6.1 If this application is approved, I intend to commence my leave of absence on July 1, 2_____.

Date _____ Signature _____

Address _____

_____

Phone No. _____

Form 325.1

Date Agreed: November 13, 2002