

**PERMISSION TO NOT ATTEND 2024 CUPE PROFESSIONAL DEVELOPMENT CONFERENCE**

\_\_\_\_\_  
(print name)

**has been given permission to NOT attend CUPE Professional Development on February 8/9, 2024.**

Reasons may include, but are not limited to: attending alternate professional development; working at school/site; use of time in lieu; leave without pay; medical appointment.

*By signing this form, you acknowledge that Human Resources has the right to request this information for payroll purposes.*

**CUPE Member Signature:** X \_\_\_\_\_

**Principal/Designate Signature:** X \_\_\_\_\_

**School/Site:** \_\_\_\_\_

<b>CHECK which day(s) you will not be attending</b>	
<b>Thursday, February 8</b>	
<b>Friday, February 9</b>	

*If you are not attending, please submit this form in the school mail to Craig Arnold @ District Office*