

City, Month day, 20xx

Mr./Mrs. First name Last name

Human Resources Department

Champlain College Lennoxville

2580 College Street

Sherbrooke, Quebec J1M 2K3

Dear Mr./Mrs. Last name:

**Subject: Leave for Professional Activities — Article 5-7.00**

I hereby wish to request leave for professional activities with or without pay in accordance with Article 5‑7.00 of the teachers’ collective agreement, part-time/full-time, from Month day, 20xx to Month day, 20xx for the fall/winter 20xx semester [or] during the 20XX-20XX academic year.

Specify the reason(s) for your request.

Sincerely,

First name Last name

Title

Department

Carbon copy: SECCL Union