



**LEAVE REQUEST FORM - TEACHER**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_

SCHOOL / DEPARTMENT: \_\_\_\_\_

**Article 8 of the Central Terms - Earned Leave Plan (ELP)**

Partially Paid Day (PPD)

Paid Day (PD) \*you will need 2 PPDs to qualify

*The Board shall communicate no later than October 15<sup>th</sup> the previous year's board average annual rate of permanent teachers' absenteeism consisting of the use of paid sick leave, short-term disability, and other paid leave days excluding bereavement, jury duty, quarantine, association leave, long-term disability and WSIB.*

*Each permanent teacher with a rate of absenteeism less than or equal to the greater of the school year board average minus one (1) day; or seven (7) days, shall be provided with one partially-paid day (PPD) off reimbursed at the occasional teacher rate of pay and shall have access to one voluntary unpaid day leave of absence.*

*PPDs and unpaid days earned can be accumulated to a maximum of six (6) days.*

*Two (2) PPDs can be combined for a paid day (PD) off at full salary.*

**ABSENCE from duties, on the following date:**

\_\_\_\_\_

**TOTAL** number of day(s) absent: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

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**THIS SECTION – FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

Meets Criteria

Does Not Meet Criteria

REMARK(S): \_\_\_\_\_

\_\_\_\_\_  
Signature of Director / Designate

cc: Employee / Principal  
Human Resources  
Payroll