



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 15th 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