

ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

OECTA REQUEST TO BE ABSENT FROM WORK

NAME: _____ EMPLOYEE ID#: _____

POSITION: _____ WORK SITE: _____

DATE(S) OF ABSENCE: _____ TOTAL NO. OF DAYS REQUESTED: _____

PART 1 – TO BE COMPLETED BY THE TEACHER

FOR PRINCIPAL APPROVAL ONLY

ARTICLE 9-13 <input type="checkbox"/> PATERNITY LEAVE (2 DAYS)	PTNR	ARTICLE 12.03 BEREAVEMENT <input type="checkbox"/> (a) BEREAVEMENT (5 DAYS)	BRVE	ARTICLE 12.08 CURSILLO OR SIMILAR TYPE LEAVE <input type="checkbox"/> (a) CURSILLO	RLGS
ARTICLE 9-14 <input type="checkbox"/> ADOPTION LEAVE (2 DAYS)	ADDP	<input type="checkbox"/> (b) BEREAVEMENT (3 DAYS)	BRVE	<input type="checkbox"/> (b) RELIGIOUS COMMUNITY MEETING (2 DAYS)	RLGS
ARTICLE 12.01 <input type="checkbox"/> QUARANTINE LEAVE	QUAR	ARTICLE 12.05 <input type="checkbox"/> UNIVERSITY CONVOCAION	CNVC	LEARNING TECHNOLOGY CONTACT RELEASE DAY <input type="checkbox"/> SECONDARY <input type="checkbox"/> ELEMENTARY	ITC
ARTICLE 12.02 <input type="checkbox"/> JURY OR WITNESS LEAVE	JURY	ARTICLE 12.06 <input type="checkbox"/> WRITING OF EXAMS (5 DAYS)	EXAM		

FOR PRINCIPAL AND HUMAN RESOURCES APPROVAL

***NOTE: Article 12.07 (a) and (b) combined cannot exceed 5 days for school year**

ARTICLE 11.05 (d) & (e) <input type="checkbox"/> LOCAL OECTA LEAVES (7 DAYS PER TEACHER)	FEDR	ARTICLE 12.03 BEREAVEMENT <input type="checkbox"/> (c) BEREAVEMENT (3 DAYS) (additional days for special circumstances)	BRVE	ARTICLE 12.07 <input type="checkbox"/> (a) PERSONAL LEAVE (1 DAY) (must give 7 days notice to Principal, <u>except</u> in emergency situations)	PLV
ARTICLE 11.07 (a) <input type="checkbox"/> PROVINCIAL OECTA MEETINGS (6 DAYS)	FEDR	ARTICLE 12.04 <input type="checkbox"/> SERIOUS ILLNESS OF A CHILD OR PARENT (2 DAYS – fill in details below)	PRTL	<input type="checkbox"/> (b) SPECIAL COMPASSIONATE LEAVE (4 DAYS - fill in details below)	CLV
ARTICLE 11.08 <input type="checkbox"/> NEGOTIATIONS	FEDR	PART A: ARTICLE 8.0 EARNED LEAVE PLAN <input type="checkbox"/> VOLUNTARY UNPAID DAY <input type="checkbox"/> PARTIALLY PAID DAY	ELP	<input type="checkbox"/> (c) SPECIAL LEAVE (5 DAYS) (without pay)	PDED

PLEASE PROVIDE DETAILS FOR ALL REQUESTS: EXCEPT ARTICLE 12.07 (a)

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVAL PART II – TO BE COMPLETED BY PRINCIPAL

SIGNATURE OF PRINCIPAL: _____ DATE: _____

RECOMMENDED NOT RECOMMENDED

ADDITIONAL APPROVAL PART III – TO BE COMPLETED BY HUMAN RESOURCES

PRINCIPAL COMMENTS: _____

APPROVAL AUTHORITY: _____ DATE: _____

Signature of Staffing Officer (Teaching) or Manager

GRANTED AS: LOSS OF PAY WITH PAY NOT GRANTED

NOTES: _____ DATE OF RECEIPT - HUMAN RESOURCES