

LEAVE REQUEST FORM OCCASIONAL TEACHING STAFF

Revised August 2020

TO BE SUBMITTED BY AN OCCASIONAL TEACHER REQUESTING A LEAVE. FORWARD COMPLETED FORM AT LEAST 30 WORKING DAYS PRIOR TO THE REQUESTED LEAVE WHEN POSSIBLE.

LAST NAME		FIRST NAME			EMPLOYEE NO.
	LEAVE START DATE (YEAR/MONTH/DAY)			LEAVE END DA (YEAR/MONTH/E	
YEAR	 MONTH	DAY	YEAR	MONTH	DAY

Elementary Occasional Teacher

Secondary Occasional Teacher

Personal Leave	Pregnancy / Parental Leave (Medical Note to be provided with Leave Request Form in order for Leave to be approved)	Medical Leave (Medical Note to be provided with Leave Request Form in order for Leave to be approved)
WSIB	Retired Teacher – Completed 50 Days (50 Days effective September 2012)	
Family Medical Leave while in LTO (Unpaid) (please provide supporting documents)	Critically III Child Care Leave while in LTO (Unpaid) (please provide supporting documents)	

SPECIAL CIRCUMSTANCES COMMENT:							
DATE:							
APPROVAL & AUTHORIZATION							
REMARKS:							
SIGNATURE OF OFFICER, OCCASIONAL TEACHING :	DATI	E:					
LEAVE APPROVED	Waive 25 Days for Current School Year (Elementary)	Waive 20 Days for Current School Year (Secondary)					
LEAVE NOT APPROVED	Teaching Dispatch (To Block on SFE)						

You are waived from completing the necessary **20 days** per Clause 20.5.1. of your secondary collective agreement for the current school year, however you will be required to teach the required number of days in the following school year.

You are waived from completing the necessary **25 days** per Clause 18.5.1. of your elementary collective agreement for the current school year, however you will be required to teach the required number of days in the following school year.

In order to remain on the list for the following school year, you must ensure that you complete the yearly on-line renewal process. Please refer to your Collective Agreement for all timelines and deadline dates.

Email Completed Form to : Sam.Venneri@tdsb.on.ca

