

Ministik School & Moose Factory Island District School Area Board

Application for Leave: SUPPORT STAFF (NON- Union)

Employee Name: _____	Job Title: _____	Date of Request: _____
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	Type of Leave	Start Time: (AM/PM)	Start Date: (dd/mm/yy)	End Time: (AM/PM)	End Date: (dd/mm/yy)	Total Days/Hours:
<input type="checkbox"/>	Vacation <i>(Minimum of 2 weeks' notice required, subject to approval)</i>					
<input type="checkbox"/>	Sick Leave					
<input type="checkbox"/>	Bereavement Leave					
<input type="checkbox"/>	Critical Illness Leave*					
<input type="checkbox"/>	Personal Leave					
<input type="checkbox"/>	Professional Leave*					
<input type="checkbox"/>	Quarantine Leave					
<input type="checkbox"/>	Other Paid Leave* <i>(Specify Below)</i> <i>(Responsibility Leave, Day In-Lieu, Jury Leave, etc.)</i> _____					
<input type="checkbox"/>	Leave Without Pay <i>(specify)</i> _____					
<input type="checkbox"/>	Compensatory Time Off					
<input type="checkbox"/>						
* Attach supporting documents with leave Form where applicable.					TOTAL:	

I request leave as stated: _____

Employee Signature

Date

For OFFICE USE ONLY:

Admin & Payroll Assistant <input type="checkbox"/> With Pay Leave credits available: <input type="checkbox"/> Without YES or NO Pay <input type="checkbox"/> Relevant Document attached: YES /NO/ NA _____	Verified By: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Reason for Denial: _____ _____ _____	Approved By: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason for Denial: _____ _____ _____
Signature: _____ Date: _____	Signature: _____ Date: _____	Signature: _____ Date: _____

All Leave forms MUST be applied for in writing.

* If you require EMERGENCY Leave (i.e., if you call in sick), please complete the Leave Form immediately upon returning to work.

* All Personal leave are subject to the approval of the Board before commencing of Leave.

* Submit all leave forms to your immediate Supervisor (Principal/Business Administrator/Supervisory Officer) for approval.

NOTE: Notification and Approval Authority: 1) Business Administrator 2) Supervisory Officer 3) Principal

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As per Individual Contracts (Typically follow OSSTF Union for some Leave Types)				
Leave Type:	Subject to Coverage:	Minimum Days' Notice:	Maximum # of Days/School Year:	Supporting Documents Required and Comments:
A:	All Permanent and Term Support staff: (upon successful completion of Probation Period)			
Vacation – excludes the 11 Statutory holidays and 01 Day in Lieu of	Yes	Min. 02 Weeks' notice for vacation	As per Contract Agreements	Non accruable. Use before end of each school year i.e. before Aug 31 of each year.
Sick leave -	NA	a) Inform Supervisor before start of day's work and provide Medical Note b) Immediately upon confirmation of appointment.	11 days leave at 100% & 120 days @ 90%.	Not required for up to 03 continuous days of leave. a) Mandatory Medical / Doctor's Certificate to be submitted immediately upon return to work. b) Appointment Letter(s) to be submitted prior to scheduled appointment date wherever possible.
Bereavement Leave - Upon death of Spouse, child, grandparent, grandchild, or any other member of the Employee's Household. Also, to attend a funeral.	NA		03 days + 02 Travel days	
Critical Illness Leave - For critical illness of a spouse, child, grandparent, grandchild, parent or guardian of an employee.	NA	NA	Max of 05 days (+ 02 Travel days for out-of-town travel).	Brief description of the circumstances to be submitted prior to leave.
Jury or Court Witness Leave	NA	Immediately upon receipt of legal notice.	NA	a) Copy of Summons/Subpoena to be submitted prior to leave. b) Court certificate signed by a Court Representative testifying to presence at court.
Personal Leave -	Yes	To be applied before leave date.	Max of 05 days	Non accruable. Use before end of each school year i.e. before Aug 31 of each year.
Pregnancy & Parental Leave -	NA			Refer Statutory Leave of Absence/SEB
Quarantine Leave – due to exposure to communicable disease the Employee is required to Quarantine (at hospital or home). Applicable only for essential travel	NA		Separate Leave, NOT to be deducted from Sick Leave credits.	Submit Leave Form along with Leave Requests requiring travel Out of Town.
Overtime Compensation – Accumulated Overtime can be taken either in pay or as time off.	Yes	Prior approval required , at the discretion of immediate supervisor.	No Limit. To be taken before beginning of New School Year or paid out.	Approval subject to operational requirements
Day in Lieu – work on Remembrance Day Holiday in November and take another day off later in the School Year as Day in Lieu of.	Yes	Min. 5 days' notice		Approval subject to operational requirements
NOTE: In case of any discrepancies, The Individual Contracts shall take precedence over the contents of this table.				