TEACHER CONTRACT AND BENEFITS

DEPARTMENT OF NATIONAL DEFENCE DEPENDANTS SCHOOLS OVERSEAS

LEAVE REPORT (to be completed by Teacher)												
NAME												
□ AFNORTH □ SHAPE	SCH00	SCHOOL YEAR:										
		FROM TO										
ABSENCE	DAYS	TIME	DAY	MONTH	†		MONTH					
ILLNESS (UNCERTIFIED) OR MEDICAL APPOINTMENT												
ILLNESS (CERTIFIED)												
MISCELLANEOUS LEAVE (3 PRIVATE/FAMILY BUSINESS DAYS) (WITH PAY)												
SPECIAL LEAVE (WITH PAY)												
ABSENCES FOR OTHER REASONS (WITHOUT PAY)												
ABSENCE FOR COMPASSIONATE REASONS (WITH PAY))											
MATERNITY LEAVE												
ABSENCES FOR NO VALID REASON (WITHOUT PAY)												
MEDICAL CERTIFICATE: ATTA	CHED□ T	O FOLL	OW/□	NOT REQU	UIRED							
OCCASIONAL TEACHER FORM – ANNEX E TO OSAP 200.10.1 ATTACHED I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS CORRECT												
☐ Yes ☐ No	TEACHER	TEACHER'S SIGNATURE DATE										
PRINCIPAL'S / DCBA 5/DEM (IF APPLICABLE) AUTHORIZATION:												
SIGNATURE		DATE										
COPY 1 – DCBA 5/DEM 2 – SCHOOL FILE	3 – TE	ACHER										

MATRIX OF ABSENCES

Types of Leave	Illness	Illness	Miscellaneous	Special	Compassionate	Maternity	Other	
Status	Paid	Paid	Paid	Paid	Paid	As per the teacher's collective agreement in Canada	Unpaid	
Total # days allowed	3 consecutive days or less	In excess of 3 consecutive days	5 days <u>total</u> as authorized	As authorized	5 days excluding travel as authorized	Article 12 of LOSA	N/A	
	No medical certificate required Medical-Dental appointment	Medical certificate required	Max of 3 personal days Family illness Teacher's wedding (1 day) Weather	Quarantine Jury duty/ Witness / OTA Executive Meeting			Unauthorised leave Misc. Leave in excess of 5 days Leave credits exhausted Approved by DCBA 5	
			DCBA 5 Authorized					