

**TEACHER CONTRACT AND BENEFITS**

**PRINCIPAL'S MONTHLY ATTENDANCE REPORT**

**SCHOOL YEAR:** \_\_\_\_\_

**PRINCIPAL'S NAME:** \_\_\_\_\_

**SCHOOL:** AFNORTH       SHAPE

*NOTE: Please give reason code from leave based matrix of absences appearing on the reverse.*

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**NO LEAVE TAKEN THIS MONTH:**

NOTE: PRINCIPALS USE THIS REPORT VICE LEAVE REPORT

\_\_\_\_\_  
**Principal's signature**

\_\_\_\_\_  
**DCBA 5/DEM (Signature)**

**OSAP 300.07.1 ANNEX C - LOSA TEACHERS ABSENCE POLICY**

**Date**

*Please remit this form monthly to DCBA 5/DEM*

**Date**

**MATRIX OF ABSENCES**

<b>Types of Leave</b>	<b>Illness</b>	<b>Illness</b>	<b>Miscellaneous</b>	<b>Special</b>	<b>Compassionate</b>	<b>Maternity</b>	<b>Other</b>
<b>Code</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Status</b>	Paid	Paid	Paid	Paid	Paid	As per the principal's collective agreement in Canada	Unpaid
<i>Total # days allowed</i>	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  Principal's wedding (1 day)  Weather  DCBA 5 Authorized	Quarantine  Jury duty/ Witness /			Unauthorised leave  Misc. Leave in excess of 5 days  Leave credits exhausted  Approved by DCBA 5