



PRAIRIE SPIRIT SCHOOL DIVISION NO. 206

Box 809, Warman SK S0K 4S0, Phone: 374-2496, Fax: 374-2862

School Bus Drivers (Non-Union) Approved Leave and Substitute Claim

- Submit to Bus Supervisor for approval prior to leave.
- Complete Substitute Information (found on Page 2) if you are booking your own substitute.
- This claim must be completed and approved before it goes to Payroll to ensure your substitute is paid.

Name: _____ School: _____ Employee # _____

Reason	Number of Hours Absent	Dates(s) Absent	Support Staff Agreement Reference
Illness – Include all medical appointments (A doctor's certificate must be attached if period of illness is more than five days)			9.04(c)
Compassionate Leave (✓ appropriate one): <input type="checkbox"/> Death <input type="checkbox"/> Immediate Family Name _____ Relationship _____ <input type="checkbox"/> Other than Immediate Family <input type="checkbox"/> Extra travel beyond 600 km <input type="checkbox"/> Critical/Grave Illness – Immediate Family (provide details) Name _____ Relationship _____ <input type="checkbox"/> Emergency Care – Child Name _____ <input type="checkbox"/> Other (provide details)			9.05(a) 9.05(b) 9.05(c) 9.05(a)
General Leave Without Salary			9.01
Personal Leave with pay (one day/year)			9.07
Work-Related Leave (provide details): <input type="checkbox"/> Workshop _____ <input type="checkbox"/> Substitute in another position _____			
Extracurricular Trips (bus drivers only)			
Other (provide details)			9.08...9.11

Substitute Information:

Name _____ Employee # _____ Telephone _____
Address _____ Postal Code _____

Total Hours _____

Dates _____

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Additional Substitute Information (if more than one substitute driver):

Name _____ Employee # _____ Telephone _____

Address _____ Postal Code _____

Total Hours _____

Dates _____

Name _____ Employee # _____ Telephone _____

Address _____ Postal Code _____

Total Hours _____

Dates _____

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____