



PRAIRIE SPIRIT SCHOOL DIVISION NO. 206

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

School Bus Drivers (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	Collective Agreement Reference
Sick Leave – Includes Preventative Care & Duty of Care (A doctor’s certificate must be attached if period of illness is more than five days)			14.04
Compassionate Leave (✓ appropriate one): _____ Death _____ Immediate Family Name _____ Relationship _____ _____ Other than Immediate Family _____ Extra travel beyond 800 km _____ Critical/Grave Illness – Immediate Family (provide details) Name _____ Relationship _____ _____ Other (provide details)			16.04 (b) 16.04 (c) 16.04 (d) 16.04 (a/b) 16.04 (e)
General Leave without pay			16.02
Pressing Emergency Leave			16.03
Personal Leave with pay (one day/year)			16.07
Work-Related Leave (provide details): _____ Workshop _____ _____ Substitute in another position _____			
Extracurricular Trips			
Other (provide details)			16.05, 16.06, 16.08, 16.09, 16.10, 16.11

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 _____