



LEAVE REQUEST – FORM 138-A-ELEM LTO ELEMENTARY LTO ABSENCES

Completed by ELEM LTO: Submit this form to your Principal for approval prior to your leave (when possible)

| | | | | | |
|----------------------|---------------------------|-------------------------|--------------------------------------|-------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day |
| Surname | First Name | EIN | FTE | Absent % | |
| Date(s) of Absence | From <input type="text"/> | To <input type="text"/> | Absence Time(s) <input type="text"/> | To <input type="text"/> | |
| | MMM DD, YYYY | MMM DD, YYYY | HH:MM | HH:MM | |

| # | Days Absent - enter # of days absent beside applicable reason (eg: <u>0.50</u> DAYS – Sick Leave) | Key Codes | Replacement Information |
|----------------------|--|-----------|---|
| <input type="text"/> | Days – Sick Leave/Medical Appt. (Standard medical certificate required on 6 th consecutive day) | SL | <input type="checkbox"/> Field Trip |
| <input type="text"/> | Days – Death in Immediate Family (Indicate in drop down) | C | <input type="checkbox"/> First Duty |
| <input type="text"/> | Days – Death in Family, Serious Illness in Family, Personal Reasons (Indicate in drop down) | D | <input type="checkbox"/> Presence - Fifth Disease |
| <input type="text"/> | Days – Jury Duty/Court Leave (Attach summons as juror or witness) | F | <input type="checkbox"/> Phys.Ed |
| <input type="text"/> | Days – Religious Holy Days (State recognized holy day in details below) | G | <input type="checkbox"/> Outdoor Duty |
| <input type="text"/> | Days – Leave Without Pay (State reason below) | IR/INR | <input type="checkbox"/> Swimming |
| <input type="text"/> | Days – District Based Prof. Activity (State activity in details below) | RM/RN | <input type="checkbox"/> 2 nd Floor, No Elevator |
| | Release Code <input type="text"/> | | <input type="checkbox"/> Special Activities |
| Details: | | | |

| | | |
|--|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Employee Signature confirms leave to be used for reason selected | Date | School / Site |
| Completed by Principal: Signature indicates acceptance of leave request/reasons (provide a signed copy to Employee upon request) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Principal / Vice-Principal Signature | Superintendent of Instruction Signature | Signature indicates Absence(s) have been entered. |

To adjust locked records, Supervisor emails completed 138 to employee.wellness@ocdsb.ca for entry. (unlocked records are prior/current week)

To verify your usage, access <https://webapps2.ocdsb.ca/ipps/> and log into Employee Inquiry (same as accessing a Board computer)

Personal information on this form is collected under the authority of the Education Act, RSO 1990, Ch. E.2 as amended and used for the purpose of reporting employee leave. Questions regarding the collection of information should be addressed to the Freedom of Information Co-ordinator, 133 Greenbank Road, Ottawa, ON, K2H 6L3 or at 613-596-8211. The responsibility centre for this form is the HR Operations Officer.