



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)

APPLICATION FOR PAYMENT-IN-LIEU

Directions: Complete this form and forward to Human Resources. Requests for payment-in-lieu must be made in the same school year as they have occurred.

I am currently employed at _____ School (_____ F.T.E.)

I attended a meeting/activity for which I am entitled to _____ F.T.E. payment. The details are:

Date of meeting/activity: _____

Details (i.e. Kindergarten Fair, Health & Safety): _____

Name of S.D. 46 employee organizing/responsible: _____

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I wish to receive Payment-In-Lieu (at the TOC rate):

_____ Name (please print)

_____ Signature of Teacher

_____ Date

*As per Article B.13 if a teacher is requested to work beyond the prescribed school year they may elect to take time-in-lieu instead of payment-in-lieu (i.e. secondary counsellors)

_____ Time-in-Lieu (**only** for scenario described above)

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ADMINISTRATOR'S COMMENTS

_____ Signature

_____ Position

_____ Date

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DETERMINATION

Request is: _____ Approved _____ Not Approved

_____ Authorized Signature

_____ Date