



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)

REQUEST FOR TEACHER-ON-CALL

Directions: PLEASE WRITE CLEARLY. Except for emergencies, all requests should be faxed to Central Dispatch (604-886-4266) at least two weeks before the absence to ensure time for the securing of a replacement. Emergency requests (illness, bereavement) may be called in to 604-886-1366 prior to 7:00 a.m. each morning. For emergencies after 7:00 a.m. and during the school day, contact your administrator directly.

- 1 Fill out this form as completely as possible - SIGN the form
- 2 Have your administrator sign the form
- 3 After faxing the form to Central Dispatch, stamp with the FAXED stamp
- 4 Give this form to the Administration Assistant for recording and filing

Teacher's Name _____	School _____
Date(s) of Absence: _____	FTE Absent: _____ AM or PM? _____
Date(s) TOC Required: _____	FTE Required: _____ AM or PM? _____

TYPE OF ABSENCE (items with an asterisk* must be accompanied by a Request for Leave of Absence form)

- | | | | |
|---|--|--|----------------------|
| <input type="checkbox"/> G.10 (special) or G.14 (other) | <input type="checkbox"/> <u>SCTA Related</u> | <input type="checkbox"/> Ext. Exp/Field Trip | BUDGET CODE REQUIRED |
| <input type="checkbox"/> Bereavement* | <input type="checkbox"/> BCTF | <input type="checkbox"/> 2nd Level | _____ |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> SCTA Union Activities | <input type="checkbox"/> School Development | _____ |
| <input type="checkbox"/> Illness (under 5 days) | <input type="checkbox"/> SCTA Mentorship | <input type="checkbox"/> Special Education | _____ |
| <input type="checkbox"/> Illness (over 5 days) * | <input type="checkbox"/> SCTA LSA | <input type="checkbox"/> Ministry | _____ |
| <input type="checkbox"/> Discretionary * | <input type="checkbox"/> Pro-D | | |

Other (a Request for Leave of Absence form may be required): _____

Subjects to be taught on date of absence - indicate grade level and class start time:

Preferred Certificated TOC (one name only): _____

TOC signature, if he/she is confirming acceptance at the school

Signature of Teacher _____

Home Phone No. _____

Date _____

Signature of Administrator _____

The personal information on this form is collected by School District No. 46 under the authority of the *School Act*, Section 15(1). The information will be used solely for the purpose of Human Resources administration and will be protected under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 46 - P.O. Box 220, Gibsons, BC V0N 1V0. Telephone: (604) 886-8811

For Central Dispatch Use Only:

TOC Assigned _____