

## OSSTF – Remedy Agreement Paid Day Off – Request Form

This form is to be completed by OSSTF Permanent Employees only and the Principal.

### PART A (to be completed by employee)

Paid day off is requested for:

Name: \_\_\_\_\_

School/Location: \_\_\_\_\_

Date: \_\_\_\_\_  
dd/mm/yyyy

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART B (to be completed by Principal)

Will the employee be replaced?  Yes  No

*If yes, code the timesheet as “OSSTF Remedy Day” for the occasional replacement teacher.*

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
dd/mm/yyyy

### PART C (to be completed by Human Resources)

**For Human Resources Department Use Only:**

Date Received: \_\_\_\_\_  
dd/mm/yyyy

Posted

**Copy must be sent to Human Resources by email to [rickerarv@rainbowschools.ca](mailto:rickerarv@rainbowschools.ca)**