



DISTRICT 26
OSSTF/FEESC
PROTECTING AND ENHANCING PUBLIC EDUCATION

NAME:

Type of Release: <input type="checkbox"/> None <input type="checkbox"/> Full Day <input type="checkbox"/> Other: <input type="checkbox"/> Half-Day AM (includes repeat period) <input type="checkbox"/> Half-Day PM (does not include repeat period)								
Was an Occasional Teacher (OT) hired for your replacement?			<input type="checkbox"/> Yes		<input type="checkbox"/> No			
What periods were you away from?		AM1: <input type="checkbox"/>	Repeat: <input type="checkbox"/>	AM2: <input type="checkbox"/>	PM3: <input type="checkbox"/>	PM4: <input type="checkbox"/>		
What were the periods (e.g., SST, SBI3C, Guidance)?								
What periods did the OT replace you?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Payee Information:		Address is only required for first time expense or for a change in address.		Preference for Payment:				
<input type="checkbox"/> Check box if change of address.								
Address:			<input type="checkbox"/> Interact E-Transfer		E-mail:			
City:		Postal Code:		<input type="checkbox"/> Cheque by mail				
* List car-pooling passenger(s):			<input type="checkbox"/> Bank information on file		<input type="checkbox"/> Attached EFT Form or Void Cheque			
Signature of Claimant:								
Office Use Only	Date of Expense	Event (can list multiple events, use separate line)	Car-Pooling (km)			Mileage Amount (\$)	**Other Expenses	Totals
			Single (0.64/km)	1-Passenger (0.74/km)	Multiple (0.84/km)			
Voucher #:	Cheque#:	<input type="checkbox"/> E-transfer or <input type="checkbox"/> EFT	Date of Payment:				Amount Paid:	
Notes: *Passengers must be eligible for mileage **Child Care expenses must have dated & signed receipts								
			D26 District Release Officer Authorization					