



**VOLUNTARY UNPAID LEAVE OF ABSENCE PROGRAM (VLAP) APPLICATION
UNIT A (PSSP)**

To be submitted by an employee requesting Voluntary Unpaid Leave

FAX COMPLETED FORM TO: EMPLOYEE SERVICES, UNIT A – FAX (416) 397-3575

How to complete this form:

- Part A:** To be completed by employee requesting VLAP days. Read all information carefully, sign and date to confirm understanding.
- Part B:** To be completed by employee requesting VLAP days in the 2012-2013 school year.
- Part C:** To be completed by employee requesting VLAP days in the 2013-2014 school year, requesting equalization of payment.
- Part D:** To be completed by employee requesting VLAP days in 2012-2013 or 2013-2014. Submit separate form for each school year.

PART A: General Information

| | | |
|-----------|-----------------|-----------------|
| LAST NAME | FIRST NAME | EMPLOYEE NUMBER |
| POSITION | SCHOOL/LOCATION | |

In making this application, I understand that:

- Employees may apply for up to five (5) unpaid leave of absence days for personal reasons in each year of the Collective Agreement (2012-2013 / 2013-2014).
- Requests for unpaid days shall not be denied provided that there are expected to be enough available replacement staff to cover for absent employees (if applicable and in accordance with Protocol SR20 Replacing Absent Support Staff), and subject to reasonable system and school requirements. **The Immediate Supervisor (i.e. School Principal or Chief) will indicate that the VLAP day(s) are approved/denied locally. The Senior Manager (or designate) will indicate that the VLAP day(s) are approved/denied subject to system requirements. Both approvals are required in order for the request to be granted.**
- For VLAP days scheduled in advance for the 2013-2014 school year, the salary deduction will be equalized over the pay periods of the 2013-2014 school year provided that requests are made in writing by June 10, 2013. Please note:
 - VLAP days which are scheduled in advance of June 10, 2013 for the 2013-2014 school year do not require specific date identification at the time of request. However, the number of days identified must be taken by the employee during the 2013-2014 school year. Employees will identify the semester of the anticipated leave wherever possible.
 - **Requests for VLAP days shall be made at least two weeks in advance of requested date(s).**
 - Approval for VLAP days shall be processed on a first-come/first-serve basis. Therefore, employees who have been approved for a specific number of VLAP days are encouraged to apply for the specific dates they are interested in requesting as soon as possible.
- Requests for VLAP days will not normally include the first week following the start or end of each semester or school year.
- VLAP days shall be reported as approved leaves of absence for the purposes of the Ontario Teachers' Pension and OMERS. To obtain information on the pension plan during your leave day(s), please contact the O.T.P.P. directly at (416) 226-2700 or at www.otpp.com and OMERS at (416) 369-2400 or at www.omers.com.

Employee's Signature

Date Signed

PART B: To be Completed by an Employee Requesting VLAP Days for 2012-2013

I wish to participate in VLAP days for the 2012-2013 school year and have completed PART D of this application.

PART C: To be Completed by an Employee Requesting VLAP Days for 2013-2014, submitted by June 10, 2013

To have salary deductions equalized over the pay periods of the 2013-2014 school year, requests must be received by June 10, 2013. Requests received after June 10, 2013 will be accepted but equalization over the 2013-2014 school year will not be possible. PART D of this form, to request specific VLAP date(s), must be submitted at least two weeks in advance of requested date(s).

I request _____ VLAP days for the
 (# of days; maximum 5) 2013-2014 school year.

Employee's Signature

Date Signed

Senior Manager (or Designate), Employee Services, Signature

Date Signed

**VOLUNTARY UNPAID LEAVE OF ABSENCE PROGRAM (VLAP) APPLICATION
UNIT A (PSSP)**

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|-----------|------------|-----------------|
| LAST NAME | FIRST NAME | EMPLOYEE NUMBER |
|-----------|------------|-----------------|

PART D: To be Completed by an Employee Requesting VLAP Days

Specific VLAP date requests for 2012-2013 and 2013-2014 must be submitted at least two weeks in advance of requested date(s). If all dates are not known for the 2013-2014 school year, continue to reuse this form so that a complete record is contained herein. The number of approved VLAP days must not exceed five (5) days in one school year.

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|--|---|-------|---|-------|
| VLAP Date #1 Requested: | Employee's Signature: | Date: | Immediate Supervisor's Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Senior Manager or Designate, Employee Services Signature: | | Comments: | Date: |

| | | | | |
|--|---|-------|---|-------|
| VLAP Date #2 Requested: | Employee's Signature: | Date: | Immediate Supervisor's Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Senior Manager or Designate, Employee Services Signature: | | Comments: | Date: |

| | | | | |
|--|---|-------|---|-------|
| VLAP Date #3 Requested: | Employee's Signature: | Date: | Immediate Supervisor's Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Senior Manager or Designate, Employee Services Signature: | | Comments: | Date: |

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|--|---|-------|---|-------|
| VLAP Date #4 Requested: | Employee's Signature: | Date: | Immediate Supervisor's Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Senior Manager or Designate, Employee Services Signature: | | Comments: | Date: |

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|--|---|-------|---|-------|
| VLAP Date #5 Requested: | Employee's Signature: | Date: | Immediate Supervisor's Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Senior Manager or Designate, Employee Services Signature: | | Comments: | Date: |

**Note: This form is not to be used for Miscellaneous Leave Requests
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