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| BW7LOGOB **AF 4103**  **Bluewater District School Board**  351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 519-363-2014 or 1-800-661-7509 Fax 519-370-2910  **Educational Support Professionals –** Educational Assistant/Early Childhood EducatorLIEU TIME CALCULATION SHEET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Work/School Location | | | | | | |  | | | | | | | | | | | | | | | | | |  | | Employee Number | | | | | | |  | | | | | |  | | |  | |  |  |  |
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|  | **Date**  **(yyyy/MMM/dd)** | | | | | | | **Extra Hours Worked (units)** | | | | **Straight Time (units)** | | | | | **Staff Meeting Straight Time (1 hour max)** | | | | | | **Team Meeting**  **Straight Time**  **(1 hour max)** | | | | | **1.5 OT (Units)** | | | **Time**  **Used** | | | | | | **Total Hours Lieu Time** | | | | | | **Principal’s**  **Initials** | | | | |  |
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|  | **TOTAL HOURS REMAINING (For Calculation Purposes Only)** | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | | |  |
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|  |  |  |  |  |  |  | | |  |  |  | |  | |  |  | | |  | |  |  | |  | |  |  | |  |  | |  |  | | | **Example of Time Calculation** | | | | | | | | | | | | |
|  |  | | | | | | | |  | |  | |  | | |  | | |  | |  |  | |  | |  |  | |  |  | |  |  | | | **MINUTES**  10  15  20  25  30  35  40  45  50  60 | | | | | | **UNITS**  0.17  0.25  0.33  0.42  0.50  0.58  0.67  0.75  0.83  1.00 | | | | | | |
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|  | **Submitted for Payment:** | | | | | | | | Yes | | | | No | | | | | |  | |  |  | |  | |  |  | |  |  | |  |  | | |  | | | | | |  | | | | | | |
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|  | Signature of Educational Support Professional | | | | | | | | |  | | | | | | |  | |  | |  | | Date | | | | | | | | | |  | | | |  |
|  |  | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | (yyyy/MMM/dd) | | | | | | |
|  | Signature of Principal | | | | | | | | |  | | Please print name | | | | | | | | |  | | Date | | | | | | | | | |
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|  | Personal information on this form is collected under the authority of the Education Act, and will be used to reimburse employees for time worked. Questions about this collection should be directed to the Manager of Finance, Education Centre, 351 1st Ave., Box 190, Chesley, Ontario N0G 1L0 519-363-2014. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | E-Template Rev. 2014.05.14 Page 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

**AF 4103**

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|  | **Educational Support Professionals – Educational Assistant/Early Childhood Educator**  **LIEU TIME CALCULATION SHEET**  **COMPLETION GUIDE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | On the front of this form you will find the **AF 4103 “Educational Support Professionals - Educational Assistant/Early Childhood Educator – LIEU TIME CALCULATION SHEET”**. This form is to be used **at the school level** for Educational Assistants/Early Childhood Educators (EA/ECE) to track additional hours for staff meetings, class trips, commencement nights, parent nights and any other activities that are outside the normal work day. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | According to the provisions of **Article 20-Overtime** in the Educational Support Professionals collective agreement, overtime **must be performed at the request of and authorized by the principal or the Executive Officer Human Resources Services**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **GUIDELINES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | When an EA/ECE is requested by the principal to work additional time. The EA/ECE will record the hours on **AF 4103 “Educational Assistant/Early Childhood Educator - LIEU TIME CALCULATION SHEET”**. **The principal will initial the sheet indicating that the hours are pre-approved.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | The EA/ECE **may take time off with pay in lieu of overtime payment**. Time off will be scheduled with the mutual agreement of the EA/ECE and the principal. These hours would be **subtracted** on **AF 4103 “Educational Assistant/Early Childhood Educator - LIEU TIME CALCULATION SHEET”** and initialled by the principal indicating the date that the time was used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Lieu time can only be accumulated to a maximum of thirty-five (35) hours at any time.  All accumulated hours not taken by the end of the school year will be paid out at the then current rate recorded on  **AF 4104 “Educational Assistant– LIEU TIME PAYOUT”**, signed by both the EA/ECE and the principal and submitted to payroll. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | The chart below is to be used by the EA/ECE to record the units worked on the sheets. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | EXAMPLE: Employee works one additional hour (1.00) and attends a staff meeting (1.00) followed by a team meeting (1.00). The staff and team meetings are recorded in their respective columns as straight time. The extra hour worked is at a rate of one and one-half (1.5) times, or 1.00 x 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Note**  **If using the electronic version of the form, totals will calculate automatically.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | The “Total Hours” accumulated are 1.00 (Staff Meeting) + 1.00 (Team Meeting) + (1.00 x 1.5 (Overtime) = 3.50 hours  If the employee takes one hour in Lieu Time it should be entered in the “Time Used” column. Simply record the number of hours used. The electronic version of the form will automatically adjust figures. **No** negative sign required.  After taking an hour of Lieu Time, the employee would have 2.5 hours remaining. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Date  (yyyy/MMM/dd) | | | Extra Hours  Worked  (Units) | | | Straight Time  (Units) | | | Staff Meeting  Straight Time  (1 hour max) | | | Team Meeting  Straight Time (1 hour max) | | | 1.5 OT  (Units) | | | Time  Used | | | Total Hours (Lieu Time) | | | |  | |  |  |  |  |  |  |  |
|  | 2013/OCT/23 | | | 1.00 | | |  | | | 1.00 | | | 1.00 | | | 1.00 | | |  | | | 3.50 | | | |  | |  |  |  |  |  |  |  |
|  | 2013/OCT/25 | | |  | | |  | | |  | | |  | | |  | | | -1.00 | | | -1.00 | | | |  | |  |  |  |  |  |  |  |
|  | **TOTALS** | | |  | | |  | | |  | | |  | | |  | | |  | | | 2.50 | | | |  | |  |  |  |  |  |  |  |
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|  | E-Template Rev. 2014.05.14 Page 2 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |