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| BW7LOGOB **AF 4104**  **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 Professional –Educational Assistant/Early Childhood EducatorLIEU TIME PAYOUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Work/School Location | | | | | | |  | | | | | | | | | | | | | | | |  | | Employee Number | | | | | | |  | | | | |  | | |  |  |  |  |
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|  | **Date**  yyyy/MMM/dd | | | | | **Extra Hours Worked** | | | | | | **Straight**  **Time** | | | | | **Staff Meeting Straight Time (1 hour max)** | | | | | **Team Meeting Straight Time (1 hour max)** | | | | | | **Overnight (Flat $230.00)** | | | | **1.5 OT (Units)** | | | | | **Account Code** | | | | | | |  |
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|  | **TOTALS (For Payroll Use Only)** | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |  |
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|  | **Submitted for Payment:** | | | | | | | | | Yes | |  | | No | | | |  |  |  |  | |  | |  |  |  | |  |  |  | | |  |  | |  |  |  | | |  |  |  |
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|  | Signature of Educational Support Professional (EA/ECE) | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | Date | | | | | | | | |  | | | | | | | |  |
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|  | 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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|  | Revised 2014.05.14 Page 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | **AF 4104** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Educational Support Professional – Educational Assistant/Early Childhood Educator**  **LIEU PAYOUT COMPLETION GUIDELINES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | On the front you will find **AF 4104 “Educational Support Professional – Educational Assistant/Early Childhood Educator – LIEU TIME PAYOUT”** form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | This form is to be used **only** when an Educational Assistant/Early Childhood Educator(EA/ECE)is submitting accumulated hours to payroll for payment. (**Accumulated hours not taken as time off with pay in lieu of overtime payment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **GUIDELINES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | TheEA/ECE will complete **AF 4103 “Educational Support Professional – Educational Assistant/Early Childhood Educator – LIEU TIME CALCULATION SHEET”**. This sheet must be attached to the **AF 4104 “Educational Support Professional – Educational Assistant/Early Childhood Educator – LIEU TIME PAYOUT”** form. Prior to submitting the form to payroll it must be signed by both the EA/ECEand the principal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Note: If using the electronic version of the form it will calculate automatically** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | EXAMPLE: **AF 4103** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Employee has 2.50 hours to submit for payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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** | | | |  | |  |  |  |  |  |  |  |
|  | **TOTAL HOURS REMAINING**  **(For calculation purposes only)** | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
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|  | EXAMPLE: **Transferring to - AF 4104** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Employee is submitting 2.50 hours for payment. Employee also has also submitted two (2) overnights for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Payroll will calculate 1.00 (Staff Meeting) + (1.00 x 1.5) (Overtime) + (2 x $230.00) (Overnight) = 2.50 hours @ rate of pay + $460.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Date  (yyyy/MMM/dd | | | Extra Hours Worked  (Units) | | | Straight Time  (Units) | | | Staff Meeting  Straight Time  (1 hour max) | | | Overnight (Flat $230.00) | | | 1.5 OT  (Units) | | | Account Code | | | |  |  |  | |  |  |  |  |  |  |  |  |
|  | 2013/OCT/23 | | | 1.00 | | | 1.00 | | |  | | |  | | | 1.00 | | | xx-xxx-x-xxx-xxx | | | |  |  |  | |  |  |  |  |  |  |  |  |
|  | 2013/OCT/28 | | |  | | |  | | |  | | | 230.00 | | |  | | | yy-yyy-y-yyy-yyy | | | |  |  |  | |  |  |  |  |  |  |  |  |
|  | 2013/OCT/29 | | |  | | |  | | |  | | | 230.00 | | |  | | | yy-yyy-y-yyy-yyy | | | |  |  |  | |  |  |  |  |  |  |  |  |
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|  | **EXAMPLE OF TIME CALCULATION** | | | | | | | | | | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
|  | **MINUTES** | | | | | | **UNITS** | | | | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
|  | 10  15  20  25  30  35  40  45  50  60 | | | | | | 0.17  0.25  0.33  0.42  0.50  0.58  0.67  0.75  0.83  1.00 | | | | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
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|  | Revised 2014.05.14 Page 2 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |