



# **JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEES**

## **APPENDIX 5**

**No. of Pages 2**

### **SCHOOL SITE JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE EDUCATION LEAVE WORKSHEET**



## **OCCUPATIONAL HEALTH AND SAFETY EDUCATION RECOMMENDATION LEAVE REQUEST**

All joint committee members selected on or after April 3, 2017 must receive eight hours of training and instruction and health and safety representatives selected on or after April 3, 2017 must receive four hours of training and instruction.

Each member of a joint committee is entitled to an annual educational leave totalling 8 hours, or a longer period if prescribed by regulation, for the purposes of attending occupational health and safety training courses conducted by or with the approval of the Board. (2) A member of the joint committee may designate another member as being entitled to take all or part of the member's educational leave. (3) The employer must provide the educational leave under this section without loss of pay or other benefits and must pay for, or reimburse the worker for, the costs of the training course and the reasonable costs of attending the course.

### **To be completed by Joint Health & Safety Committee Member or Worker Representative**

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

**Signature:** \_\_\_\_\_

**Worksite:** \_\_\_\_\_

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

**If required, there is more room to record information on the back of the form. Expense information is also recorded on the back of the form.**

**List any health and safety experience you have.**

Experience/Position held	Date

**List any health and safety education you have taken – please be specific about the name of the Workshop(s):**

Workshop/training	Delivered by	Date(s)	Length of workshop/course

**Identify the health and safety education you think you need – please be specific about the name of the workshop you are requesting to take. Consider the hazards in your workplace and your duties and responsibilities as a committee member or worker representative**

	Details	Place	Date(s)	Est. Cost
<i>Requested Training</i>				
<i>Requested Training</i>				
<i>Airfare/travel (km)</i>				
<i>Accommodation</i>				
<i>Meals</i>	B x's ____ L x's ____ D x's ____			
<i>Taxi/transit</i>				
<i>Replacement costs</i>	TOC/BVTU/CUPE			
<i>other</i>				
<b>Total estimated cost</b>				

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please forward to R. Lavallee for processing [rolanda.lavallee@sd54.bc.ca](mailto:rolanda.lavallee@sd54.bc.ca)**

**Approval granted:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*D. Margerm, Secretary Treasurer SD54*



## OCCUPATIONAL HEALTH AND SAFETY EDUCATION RECOMMENDATION LEAVE REQUEST

List any health and safety experience you have.

Experience/Position held (e.g. safety rep; OH&S committee member)	Date(s)

List any health and safety education you have taken – please be specific about the name of the Workshop(s):

Workshop/training	Delivered by	Date(s)	Length of workshop/course (hrs)

	Details	Place	Date(s)	Est. Cost
<i>Requested Training</i>				
<i>Requested Training</i>				
<i>Airfare/travel (km)</i>				
<i>Accommodation</i>				
<i>Meals</i>	B x's _____ L x's _____ D x's _____			
<i>Taxi/transit</i>				
<i>Replacement costs</i>	TOC/BVTU/CUPE			
<i>other</i>				
<b>Total estimated cost</b>				

### EXPENSE CLAIM GUIDE

Mileage within the district and within an approximate 250-mile radius will be paid at the rate of \$0.54 per KM.

Mileage beyond an approximate 250-mile radius will be paid at the rate of the airfare, or \$0.54 per km, whichever is cheaper.

Other out of district travel expenses:

- Hotel – at the rate of the accommodating hotel, upon submission of original receipt/invoice, or \$30.00 per day if no receipt/invoice is submitted.
- Meal expenses, without receipts, outside of the district are paid as follows:
  - Breakfast - \$15.00
  - Lunch - \$20.00
  - Dinner - \$25.00
- Other travel expenses will be reimbursed according to the original receipt/invoice.

All other types of expenses will be reimbursed upon submission of the original detailed receipt/invoice(s).

If submitting a claim for a purchase made in a currency other than Canadian, proof of exchange rate is also required.