



**In compliance with Article 26 – Leave for Injury on Duty, of the Teachers’ Provincial Agreement, teacher must apply for injury on duty.**

**If applying for Injury on Duty in accordance with Clause 26.01, complete the following application and forward to the Director of Human Resources.**

1. Name of Teacher: \_\_\_\_\_
2. Professional Number: \_\_\_\_\_
3. Home School: \_\_\_\_\_
4. a. Has an SIP Incident Report Form been completed?  Yes  No  
 If yes, what was the date: \_\_\_\_\_
- b. Has an “Accident Report Form for Teachers” been completed?  Yes  No  
 If yes, what was the date?: \_\_\_\_\_

**If no, then a form must be completed and forwarded immediately.**

5. Is a “Request for Medical Information Form” attached?  Yes  No

**If no, then a form must be completed and forwarded immediately.**

\_\_\_\_\_  
 Teacher’s Signature

\_\_\_\_\_  
 Date

***To be completed by the Director of Human Resources:***

Date received by Director of Human Resources: \_\_\_\_\_

Injury on Duty Claim approved  Yes  No

\_\_\_\_\_  
 Signature of Director of Human Resources

\_\_\_\_\_  
 Date