Northwest School Division No. 203
525 5th Street West
MEADOW LAKE SK S9X 1B4
Phone: 306-236-5614 Fax: 306-236-5586
E-mail: Kelsey.tourigny@nwsd.ca

FOR TEACHERS ONLY

Request for Payout of **Earned Days Off** are to be emailed by **June 6** to the Payroll Department at the Meadow Lake Office.

Name: _____ School: _____

_____ Total EDO days remaining as of May 31, 2025

\- _____ No. of days to be taken in June and dates taken:

_____

\- _____ Days transferred to Personal PD Account at sub teacher rate

\- _____ No. of days requested for payout at sub teacher rate

\- _____ Days transferred to NWSD Student Loan Program at sub teacher rate

= _____ Days carried forward to next academic year

Date: _____ Teacher's Signature: _____

Date: _____ Principal's Signature: _____

Note: You may carry a maximum of 2 of <u>YOUR</u> days to the next academic year.
(for example: 50% fte - maximum to carry to next academic year is 1.0 day)
September 2024 to June 2025: sub teacher rate = $285.00 per day