Members Update for February 7th, 2022

Bargaining Committee Successful Candidates – Thanks to everyone who took the time to vote today for the Bargaining Committee. The results are in and your Bargaining Committee Members at Large are the following members (in alphabetical order). The President and Chief Steward at the time of bargaining complete the Bargaining Committee of 7 people.

- Amatangelo, Pat
- Cumbo, Patrick
- DiCarlo, Flora
- Dickhout, Dave
- Thompson, Geoff

IDEL Days for Casuals with Covid Symptoms - Casuals must have an accepted assignment and then if unable to attend work due to Covid they would then cancel the assignment and submit a form to Staffing and Operations to request and IDEL paid day. The Board pays the IDEL days (maximum of 3 per the IDEL language) this is paid based on the review of the form submitted through Staffin and Operations. There is one change on the memo – Melanie Kivell has retired and our current staffing officer is Brenda Maxwell and can be reached by emailing bmaxwell@hwdsb.on.ca

Cheers,

Blake

HWDSB

Jamie Nunn
Superintendent of Human Resource Services
Hamilton-Wentworth District School Board
20 Education Court, P.O. Box 2558
Hamilton, ON L8N 3L1
TEL: 905-527-5092

DATE: May 26, 2021

TO: All Casual Employees

FROM: Jamie Nunn, Superintendent of Human Resource Services
              Cindy Francis, Senior Manager, Human Resource Services

CC: Elementary and Secondary Principals and Vice-Principals
              Managers and Supervisors
              Human Resource Staffing

RE: **Infectious Disease Emergency Leave (Paid IDEL)**

On April 29, 2021, the Ontario Government passed Bill 284, COVID-19 Putting Workers First Act, 2021. Bill 284 amends the infectious disease emergency leave ("IDEL") provisions of the Employment Standards Act, 2000 ("ESA") to provide employees with three days of paid, job-protected leave.

An employee is entitled under certain circumstances up to a total of three (3) paid days of IDEL between April 19, 2021, and September 25, 2021. The IDEL days do not need to be consecutive, and an employee who takes part of a day as paid leave is deemed to have taken a full day of paid leave. If paid IDEL is exhausted, the employee may take up to an additional three (3) unpaid days as per the IDEL criteria for paid or unpaid IDEL.

Any casual employee that finds themselves in this circumstance between April 19, 2021, and September 25, 2021, can fill out the form in the employee web portal entitled "Infectious Disease Pay Request Form" (instructions attached CUPC, NUCE, ESL all other Casual Staff).

If you have any questions about "IDEL", please contact your appropriate Staffing Officer for support.
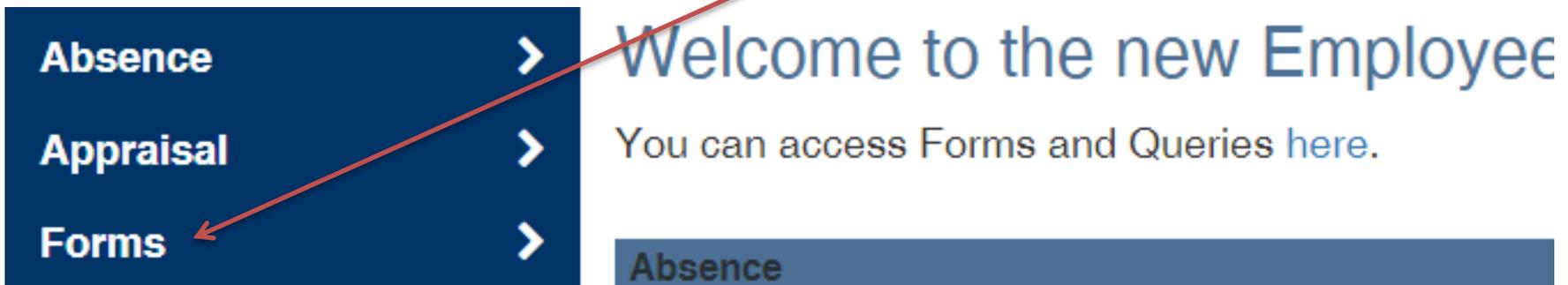- Danielle Meville – OSSTF and Occ Teachers, Con Ed and ESL (ext. 2325 or dmeville@hwdsb.on.ca)
- Rachel Hague – COPE, PSSP, DECE, Mental Health Asst (ext. 2606 or rhague@hwdsb.on.ca)
- Melanie Kivell – CUPE, OCTU, PASS, P/VP (ext. 2034 or mkivell@hwdsb.on.ca)
- Ali Rilstone – HWETL and HWOTL (ext. 2255 or arilstone@hwdsb.on.ca)

curiosity · creativity · possibility

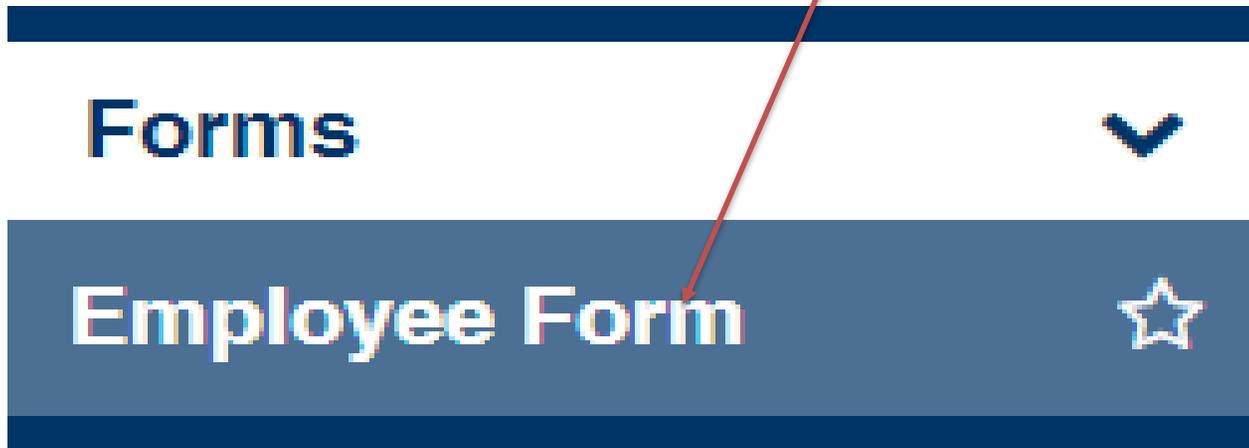# INSTRUCTIONS ON HOW TO FILL OUT THE CUPC, NUCE, ESL Paid IDEL REQUEST FORM

Log into the Employee Web Portal. (If you do not have a user name and password please contact the help desk at 905-527-5092 ext. 2100)
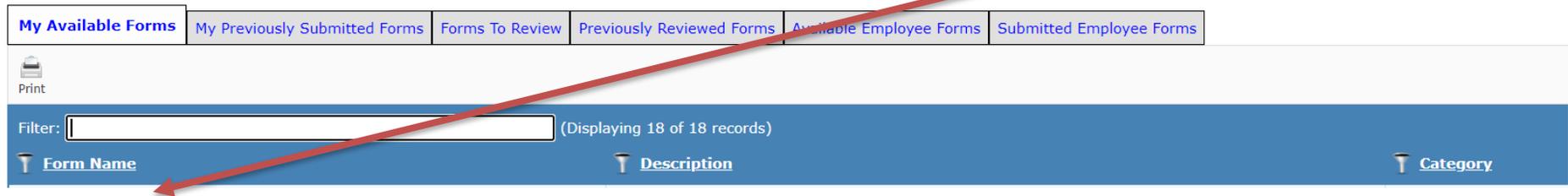

HWDSB

A complex password requires at least three of the following four options:
1. Upper Case
2. Lower Case
3. Number
4. Special Character ~!@#$%^&*_-+=`|\(){}[]:;"'<>,.?/
The password may NOT contain your first name, last name, or username

Sign in with your organizational account

Username

Password

Sign in

Sign in with a certificate

From the main page of the Employee Web Portal, click on "Forms"

Welcome to the new Employee

You can access Forms and Queries here.

Absence
Appraisal
Forms
Absence

The following option will open, click on "Employee Form"

Forms ⌄

Employee Form ☆

The following screen will open. Only forms available to you will be displayed. Under "Form Name", click on "CUPC,NUCE,ESL Paid IDEL" form.

My Available Forms	My Previously Submitted Forms	Forms To Review	Previously Reviewed Forms	Available Employee Forms	Submitted Employee Forms

🖨
Print

Filter: [   ] (Displaying 18 of 18 records)

▼ **Form Name**	▼ **Description**	▼ **Category**

The following form will open. Fill out the appropriate information and click on "Submit".

Submit   Cancel   Print

BILL 284, COVID-19, PUTTING WORKERS FIRST ACT, 2021

INFECTIOUS DISEASE PAY REQUEST FORM

Name: | FIRST_NAME | SURNAME |

Employee I.D.: EMPLOYEE_ID

Employee Group: EMP_GROUP_CODE

Date of Absence:

Date Casual Job was offered/accepted:

Number of hours of job accepted:

Criteria (Please click all that apply. ** Please note that you must select at least one criteria below in order for Human Resources to be able to process **):

☐	The employee is under individual medical investigation, supervision or treatment (including receiving a vaccine and recovery from that vaccine)
☐	The employee is subject to an order under the *Health Protection and Promotion Act*
☐	The employee is in quarantine or isolation or is subject to a control measure (which may include, but is not limited to, self-isolation) as a result of information or directions from a wide range of public health officials, medical practitioners, governments, Telehealth or municipal councils
☐	The employee has been directed by their employer to not attend work in response to a concern of the employer that the employee may expose other individuals in the workplace to the designated infectious disease
The employee is required to provide care or support to a specified individual providing care or support to an specified individual, because:	
☐	the individual is under individual medical investigation, supervision or treatment (including receiving a vaccine and recovery from that vaccine)
☐	the individual is in quarantine or isolation or is subject to a control measure (which may include, but is not limited to, self-isolation) as a result of information or directions from a wide range of public health officials, medical practitioners, governments, Telehealth or municipal councils.

After submitting this form, you can click on the tab entitled "My Previously Submitted Forms" to confirm submission.

The following screen will open. Click "OK"

Once you have successfully submitted the form, you can click on "My Previously Submitted Forms" and see a record of the submission. These records will always remain on this tab so you can always go back to check every form you have submitted.

INSTRUCTIONS ON HOW TO FILL OUT THE INFECTIOUS DISEASE EMERGENCY PAY REQUEST FORM

Log into the Employee Web Portal. (If you do not have a user name and password please contact the help desk at 905-527-5092 ext. 2100)

From the main page of the Employee Web Portal, click on "Forms"
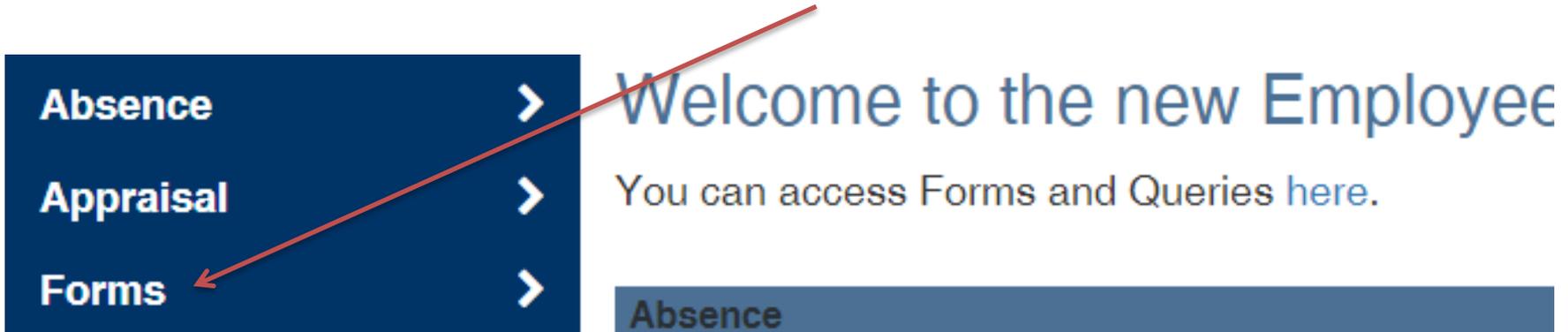
The following option will open, click on "Employee Form"
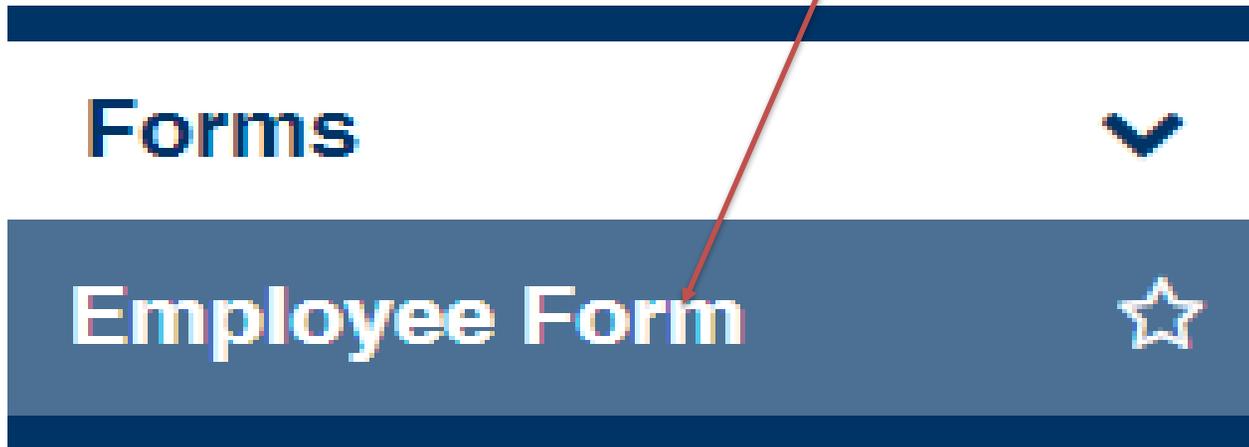
The following screen will open. Only forms available to you will be displayed. Under "Form Name", click on "Infectious Disease Emergency Pay" form.

The following form will open. Fill out the appropriate information and click on "Submit".

Submit   Cancel   Print

BILL 284 - COVID-19, PUTTING WORKERS FIRST ACT, 2021

INFECTIOUS DISEASE PAY REQUEST FORM

Name: FIRST_NAME   SURNAME

Employee I.D.: EMPLOYEE_ID

Employee Group: EMP_GROUP_CODE

Date of Absence:

SFX Job Number:

Criteria (Please click all that apply. ** Please note that you must select at least one criteria below in order for Human Resources to be able to process **):

○ Yes ○ No	The employee is under individual medical investigation, supervision or treatment (including receiving a vaccine and recovery from that vaccine)
○ Yes ○ No	The employee is subject to an order under the *Health Protection and Promotion Act*
○ Yes ○ No	The employee is in quarantine or isolation or is subject to a control measure (which may include, but is not limited to, self-isolation) as a result of information or directions from a wide range of public health officials, medical practitioners, governments, Telehealth or municipal councils
○ Yes ○ No	The employee has been directed by their employer to not attend work in response to a concern of the employer that the employee may expose other individuals in the workplace to the designated infectious disease
The employee is required to provide care or support to a specified individual providing care or support to an specified individual, because:	
○ Yes ○ No	the individual is under individual medical investigation, supervision or treatment (including receiving a vaccine and recovery from that vaccine)
○ Yes ○ No	the individual is in quarantine or isolation or is subject to a control measure (which may include, but is not limited to, self-isolation) as a result of information or directions from a wide range of public health officials, medical practitioners, governments, Telehealth or municipal councils.

The following screen will open. Click "OK"

Once you have successfully submitted the form, you can click on "My Previously Submitted Forms" and see a record of the submission. These records will always remain on this tab so you can always go back to check every form you have submitted.