



SETTLEMENT ALLOWANCE AUTHORIZATION FORM

I, _____, hereby permit the Northeastern Catholic District School Board ("the Board") to deduct any repayment of my settlement allowance from my final pay as per the conditions outlined in the collective agreement of the former Moosonee Bargaining Unit of OECTA.

I understand that this allowance shall be repaid in full to the Board should I leave the employment of the Board before completing one teaching year for this Board.

One half of this allowance will be repaid to the Board if I leave after one year of service but before completing two teaching years for this Board.

Signed this ____ day of _____, 20____.

Name

Signature

Witness Name

Witness Signature

SETTLEMENT ALLOWANCE - OVERVIEW OF EXPENSES

NAME OF TEACHER: _____

RECEIPT NAME	RECEIPT DATE	DESCRIPTION	AMOUNT	APPROVED <i>(FOR BOARD USE)</i>

		TOTAL APPROVED ALLOWANCE:		

60% PAYMENT AMOUNT: _____

APPROVAL DATE: _____

APPROVED BY: _____

40% PAYMENT AMOUNT: _____

APPROVAL DATE: _____

APPROVED BY: _____