

Memorandum of Agreement  
Between  
Palliser No 26  
and  
The Alberta Teachers' Association

---

The above parties hereby agree that the following constitutes mutual agreement between parties and to recommend acceptance to their principals:

~~5.4 — It is the right of the Employer to create and fill new positions. If the Employer determines that an allowance is appropriate, this allowance will be determined by a committee composed of two (2) EPC members, one trustee and one Central Office personnel. If the committee is unable to determine an allowance within ten (10) working days, the allowance will be set by the Employer and will be subject to bargaining at the next round of negotiations.~~

**New 5.4 The Employer has established the position of Specialist. It is hereby agreed the Specialist shall receive an allowance equal to 25 percent of the fourth year minimum of the salary grid per annum.**

**New 5.5 If a Principal or Vice Principal is transferred by the Employer to a position for which the administrative allowance is a lesser amount than he or she is receiving at the time the notice of transfer is provided to the Principal or Vice Principal, he or she will continue to receive the allowance in effect on the date of notice of transfer until such time as that amount equals the allowance in effect for the position to which he or she has been transferred, or for a period of three consecutive school years, whichever period of time is less.**

**This provision shall not apply if a Principal or Vice Principal requests a transfer in writing.**

~~7.1 Teachers under contract, except substitute teachers, shall be paid the last banking Friday of each month, on the 28<sup>th</sup> of the month with the exception of December when the teacher shall be paid on the last teaching Friday. In the event the 28<sup>th</sup> of any month occurs on a weekend or statutory holiday then teachers will be paid the last banking day prior to the 28<sup>th</sup>.~~

**New 8.5.2 (a) A teacher who is absent from school duties for a period of more than 5 consecutive teaching days to obtain medical or dental treatment or because of accident, disability or sickness must provide Palliser with a medical leave certificate. The required certificate is included as Appendix 1 at the end of the collective agreement. The certificate must be provided as soon as reasonably possible. The cost of completing the medical leave certificate shall be borne by the Employer upon presentation of a receipt.**

**New 8.5.2 (b) A teacher who is absent from school duties to obtain necessary medical or dental treatment, or because of accident, disability or sickness for a period of more than 30 calendar days must provide Palliser with a return to work certificate at least 7 calendar days prior to returning to**

work. The certificate is included as Appendix 2 at the end of the collective agreement. The cost of completing the return to work certificate shall be borne by the Employer upon presentation of a receipt.

**New 8.5.3 A further medical certificate will be required if the condition of the employee changes substantially from the prognosis on the previous medical certificate.**

**New – Two lieu days with full pay and benefits shall be granted to Principals. These days will not be carried over and will not be paid out. The principal will take into consideration the operation of the school and consult with the superintendent before requesting the lieu days.**

#### **New Cancellation of Substitute Assignment**

- **Where a substitute teacher has accepted per diem employment, such employment shall not be cancelled without at least twelve (12) hours notice.**
- **If a teacher cancels without at least twelve (12) hours notice, the teacher will be responsible for the cost of the substitute teacher.**
- **If twelve (12) hours notice is not provided, the substitute teacher shall be assigned other duties within the school by the principal or designate.**

**Where a substitute teacher position is cancelled without at least twelve (12) hours notice due to the cancellation of a scheduled event or other employer decision, the cost of the substitute shall be the responsibility of the Employer.**

9.1.1.1 For ~~three (3)~~ **four (4)** days per school year to attend to the medical/dental needs of immediate family members, ~~provided the teacher's sick leave credit is reduced accordingly.~~

9.3.2 For the period of one (1) day, plus one (1) day for traveling, if necessary, to attend the convocation or graduation from a **high school and/or** post-secondary institution of the teacher's spouse or child.

#### Article 16

~~The Employer shall notify the teachers of changes in the approved school calendar at least six (6) months prior to the effective date of such change, except when mutually agreed upon.~~

**New Article 16 The Employer shall notify the local executive 90 days prior to changes to the Board approved school calendars, except when mutually agreed upon between the local executive and the Board.**

No other amendments to the current agreement except those attached as already agreed.

- Letter of Understanding, pilot project on Professional Development
- Letter of Understanding, Report on unique nature of teaching on a Hutterite Colony
- Letter of Understanding, investigation of issuing T2200A
- Appendix 1 – Medical Leave certificate (Greater than 5 days)
- Appendix 2 – Medical Leave certificate (Greater than 30 days)

**LETTER OF UNDERSTANDING  
BETWEEN  
PALLISER REGIONAL DIVISION NO. 26  
AND  
THE ALBERTA TEACHERS' ASSOCIATION**

Pilot Project on Professional Development. This Letter of Understanding is made pursuant to Section 18 (Professional Development.)

The parties agree that ongoing professional development and collaboration for teachers is critical to achieving the vision of district priorities and plans, school improvement plans and a teacher's individual professional growth plan. The parties also agree that the focus of this pilot project is on teaching quality and improvement of student outcomes.

The parties shall establish a joint committee within 30 days of ratification of the collective agreement to review the Professional Development clauses. The committee will be comprised of three teachers appointed by the Teacher Welfare Committee and three members appointed by the Board. The committee will also establish a process for evaluation, which includes the requirement for the committee to provide a written evaluation report to the Superintendent of Schools and the President of Palliser Local 19 of the ATA by March 31, 2021. Costs of the committee will be shared by the ATA and the Board.

In the event that either party wishes to serve notice that they intend to terminate the pilot project, 30 days must be provided.

EXECUTED this 9th day of March, 2018 A.D.

Signed on behalf of

**THE ALBERTA TEACHERS' ASSOCIATION**

\_\_\_\_\_  
**Phil Uren**

\_\_\_\_\_  
**Vanda Ruffli**

\_\_\_\_\_  
**Morey Terry**

\_\_\_\_\_  
**Ron Terakita**

\_\_\_\_\_  
**Shantel Mohrmann**

\_\_\_\_\_  
**James Gerun**

Signed on behalf of

**PALLISER REGIONAL DIVISION NO. 26**

\_\_\_\_\_  
**Robert Strauss**

\_\_\_\_\_  
**Mike Nightingale**

\_\_\_\_\_  
**Dexter Durfey**

**LETTER OF UNDERSTANDING  
BETWEEN  
PALLISER REGIONAL DIVISION NO. 26  
AND  
THE ALBERTA TEACHERS' ASSOCIATION**

1. Palliser Regional Division No. 26 Senior Administration will meet with all Teachers on the 17 Hutterite Colonies within the division to discuss the unique nature of their teaching environments.
2. The information received will be compiled in a report.
3. The final report will be provided to all colony teachers, the Board of Trustees, and the ATA Local by June 29, 2018.

EXECUTED this 9th day of March, 2018 A.D.

Signed on behalf of

Signed on behalf of

**THE ALBERTA TEACHERS' ASSOCIATION**

**PALLISER REGIONAL DIVISION NO. 26**

---

**Phil Uren**

---

**Robert Strauss**

---

**Vanda Rufli**

---

**Mike Nightingale**

---

**Morey Terry**

---

**Dexter Durfey**

---

**Ron Terakita**

---

**Shantel Mohrmann**

---

**James Gerun**

**LETTER OF UNDERSTANDING**

**BETWEEN  
PALLISER REGIONAL DIVISION NO. 26  
AND  
THE ALBERTA TEACHERS' ASSOCIATION**

Palliser Regional Division No. 26 will undertake an investigation into the legality of issuing T2200A to Colony Teachers for travel to their assigned location. Specifically, Palliser will pursue a written CRA ruling on this subject and provide it to teachers.

EXECUTED this 9th day of March, 2018 A.D.

Signed on behalf of

Signed on behalf of

**THE ALBERTA TEACHERS' ASSOCIATION**

**PALLISER REGIONAL DIVISION NO. 26**

---

**Phil Uren**

---

**Robert Strauss**

---

**Vanda Ruffli**

---

**Mike Nightingale**

---

**Morey Terry**

---

**Dexter Durfey**

---

**Ron Terakita**

---

**Shantel Mohrmann**

---

**James Gerun**



**MEDICAL LEAVE CERTIFICATE FOR  
TEACHERS  
PALLISER REGIONAL SCHOOLS NO. 26**

**APPENDIX 1**

1 Teacher's Name: \_\_\_\_\_

2 Job Title/Occupation: \_\_\_\_\_

3 The teacher was unable to work due to medical reasons beginning:

a. Date: \_\_\_\_\_

4 Is the patient receiving treatment?

a. Yes \_\_\_\_\_ No \_\_\_\_\_ None required \_\_\_\_\_

5 Anticipated date of return to work:

a. Date: \_\_\_\_\_

b. If date unknown, is the absence likely to be:

\_\_\_ < 30 days \_\_\_ 30-60 days \_\_\_ 61-90 days \_\_\_ > 90 days \_\_\_ Currently Indeterminable

6 Anticipated date of next reassessment, if applicable: \_\_\_\_\_

7 If the teacher is ready to return to work, is he/she:

a. Fit and able to return to work with no restrictions? Yes \_\_\_ No \_\_\_

b. Or fit and able to return to work with modified work duties? Yes \_\_\_ No \_\_\_

c. Please list the work-related restriction(s), if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ (Physician's signature)

\_\_\_\_\_ (Physician's printed name)

Work Address of Attending Physician: \_\_\_\_\_



**RETURN TO WORK CERTIFICATE FOR  
TEACHERS  
PALLISER REGIONAL SCHOOLS NO. 26**

**APPENDIX 2**

1 Teacher's Name: \_\_\_\_\_

2 Job Title/Occupation: \_\_\_\_\_

3 Date of this return to work assessment: \_\_\_\_\_

4 Anticipated return to work date: \_\_\_\_\_

5 Is the teacher ready to return to work:

a. With NO restrictions? Yes \_\_\_ No \_\_\_

b. With MODIFIED duties? Yes \_\_\_ No \_\_\_

c. If so, please list the work-related restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Are the restrictions temporary: Yes \_\_\_ No \_\_\_

a. If temporary, please specify the anticipated length of the restriction(s) using days, weeks or months: \_\_\_\_\_

b. If temporary, what is the anticipated date of the teacher's next medical appointment:  
\_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ (Physician's signature)

\_\_\_\_\_ (Physician's printed name)

Work Address of Attending Physician: \_\_\_\_\_