

School Bus Driver Retention Program (DRP)
EXCEPTION APPLICATION FORM - REVISED for Period #9

The DRP is a program developed by the Ministry of Education to help improve School Bus Driver recruitment and retention by providing a financial incentive for drivers to stay on the job throughout the school year. In order to receive a driver retention bonus a driver must meet all 7 eligibility requirements available: [\[https://schoolbusontario.ca/wp-content/uploads/2021/11/Eligibility-Criteria-Documents-PP89.pdf\]](https://schoolbusontario.ca/wp-content/uploads/2021/11/Eligibility-Criteria-Documents-PP89.pdf). However, it is recognized that certain extenuating circumstances may exist. This form is to be completed by drivers who meet all eligibility criteria #1 to #5 and #7 but who do not meet the 95% attendance requirement and wish to be considered for an exception to that requirement.

QUESTIONS: Visit the DRP website at: <https://schoolbusontario.ca/driver-retention-program/> or call/email the DRP Call Centre, Drivers: schoolbusdriver@deloitte.ca; 1-833-346-6177; or Operators: schoolbusoperator@deloitte.ca; 1-833-715-7360.

FOR COMPLETION BY SCHOOL BUS DRIVERS:

INSTRUCTIONS:

1. Drivers **MUST** complete Parts 1 to 3 of this form, sign it, and return it to their employer ASAP and no later than July 19, 2022 (or a later date set by their employer). **An exception may not be granted if this form is incomplete, inaccurate or submitted late.**
2. An exception application form is not required for absences up to 5% of school calendar days (e.g. a driver who was scheduled for 49 days is permitted to miss 2 days without an exception form.) **See the Period #9 Eligibility Criteria and FAQs:** [\[https://schoolbusontario.ca/driver-retention-program/\]](https://schoolbusontario.ca/driver-retention-program/) **for further details.**
3. School closures / bus cancellations due to COVID-19, snow days, strikes or job action are not included as absences and do not affect the allowable 5%. A driver's eligibility should be calculated as though such a day was a scheduled work day and that the driver worked that day.

PART 1: CONTACT DETAILS OF SCHOOL BUS DRIVER

Driver First and Last Name: _____

Driver Home Address: _____

Driver Email: _____

Driver Phone Number: _____

PART 2: EXCEPTION(S) REQUESTED BY SCHOOL BUS DRIVER

You must select at least one option in either Section A, B, C or D. Where additional information/details are requested, you must provide them.

Only report absences that are between your first scheduled work day in January 2022 and your last scheduled work day in June 2022 and are over your 5% permitted absences.

SECTION A - PERMITTED EXCEPTIONS *[Check all applicable boxes and complete all applicable sections including requests for specific details.]*

Personal illness or medical leave (including leaves related to COVID-19)

- # of days: _____
- Did you provide notice and/or evidence to your employer? If so, indicate: Notice Evidence
- What method of notice or evidence did you provide to your employer? Email Verbal Company Form Letter
- Describe reason for absence (appointments, isolation, etc.) _____

Family responsibility leave: *[Leave due to illness, injury, medical emergency or urgent matter relating to an immediate family member¹]*

- Number of days: 1 day 2 days 3 days *[If days in addition to 3, check 3 and add additional days in Section B (Previously approved absence) or in Section D (Other absences).]*
- Did you provide notice and/or evidence to your employer? If so, indicate: Notice Evidence
- What method of notice or evidence did you provide to your employer? Email Verbal Company Form Letter
- Describe reason for absence: _____

Parental or pregnancy leave - # of days: _____

Bereavement for immediate family members – Number of days: 1 day 2 days *[If days in addition to 2, check 2 and add additional days in Section B (Previously approved absence), if absence was approved or in Section D (Other absences), if absence was not approved.]*

SECTION B - PREVIOUSLY APPROVED ABSENCES *[Check all applicable boxes and complete all applicable sections including requests for specific details.]*

Any absence(s) previously approved by your employer (including vacation and appointments), excluding absences reported in Section A.

NOTE: Approval is not the same as acknowledgement by your employer that you will not be in attendance.

- Type of absence(s) (details required): _____
- # of days: _____
- Did your employer “acknowledge” (e.g. “Thanks”) or “approve” your illness or leave? Acknowledge Approve
- What method did your employer confirm to you that the absence was acknowledged or approved?: Dispatcher Verbal Dispatcher Email Supervisor/Manager Verbal Supervisor/Manager Email Official Company Form or Letter Other (details required) _____

¹ Immediate family members include: the parent/step-parent/foster parent, child/step-child/foster child, brother, sister, spouse, grandparent/step-grandparent, grandchild/step-grandchild, or the spouse of a child in each case of the driver or his or her spouse and another relative who is dependent on the driver for care or assistance

SECTION C - LICENCE DOWNGRADE [Check all applicable boxes and complete all applicable sections including requests for specific details.]

Licence downgrade to Class _____

- # of days: _____
- Reason for downgrade: You did not file medical on time Other (details required): _____
- Were you able to drive an alternate type of vehicle (e.g. mini van)? YES NO Insufficient licence
- Did your employer offer you an alternate vehicle (e.g. a mini van)? YES NO (none offered or available)
- If offered, did you accept the alternate vehicle on at least 95% of the occasions offered? YES NO
- If no, why not? _____

SECTION D - ABSENCE(S) THAT DO NOT FIT INTO THE CATEGORIES ABOVE [Check all applicable boxes and complete all applicable sections including requests for specific details.]

- Type of absence (details required): _____
- # of days: _____
- Did you provide any notice and/or evidence to your employer? Notice Evidence None
- What form of notice or evidence did you provide to your employer? Email Verbal Company Form
 Letter Other (details required) _____
- Did you seek official approval from your employer?: YES NO. If no, why not?: _____
- Was approval denied? YES NO. If yes, why was it denied?: _____

PART 3: UNDERSTANDING AND ACKNOWLEDGEMENT BY SCHOOL BUS DRIVER

I understand and acknowledge that by submitting this form:

- I have read this form in its entirety and understand that failure to follow the instructions may result in this application being denied.
- Any information included in this form or provided by my operator about me in connection with this application for an exception constitutes "personal information" for the purposes of the Consent Form executed by me and submitted to my employer in connection with the DRP.

Signature of the Driver - **SIGN HERE** [written or electronic acceptable]

Date

FOR COMPLETION BY SCHOOL BUS OPERATORS: (You must complete 1 and 2 below and provide all information requested)

On behalf of the Operator and having completed the actions set out above, in respect of the driver set out above,

1. I hereby **Agree** OR **Disagree** that the above recorded absences and ALL details provided are correct.

If you have checked **Disagree** (e.g. if you believe this form is not factually correct) please state what aspects of the information provided you disagree with and why you disagree with them:

2. I hereby confirm that ALL of the absences set out above were **Approved** OR **Not Approved**.

If the absences were **Not ALL Approved** please set out below those that were NOT approved:

NOTE: Operator/employer approval or lack of approval for an absence is NOT necessarily determinative of whether the driver will be eligible to receive the bonus. (For example, a driver will likely be eligible to receive the bonus if the absence was permitted by law even if the employer did not approve it; a driver may not be eligible to receive a bonus if his or her licence was downgraded due to his or her actions, even if the employer approved the absence). **The determination will be made by the DRP.**

Print Name of Operator Company

Email

Signature of Representative on behalf of the Operator

Title

Print Name of Operator Representative

Phone