Teacher Record of Appointment

EDB012 (Revised 2004)

This form is completed at the commencement of each school year and whenever a teacher relocates from one school to another during a school year or changes their position in a school.

Place an "X" in one of the following boxes.

Start of the school year ☐ Relocation during a school year ☐ Change of position in the same school ☐

1. Personal Details (Please print. Use block letters)

Family Name: ..... Given Name(s): .....

Previous Name (If applicable): ..... Employee Number: ☐☐☐☐☐☐☐☐

Employee Status (Tick one): Continuing Teacher ☐ New Commencement ☐ Re-admission ☐

Contract Teacher ☐ Volunteer Teacher ☐

2. Position Details (This is the school/institution or position where you commenced duty at the start of the year or to which you were relocated during the year)

School/Institution Name: ..... Location Code: ☐☐☐☐☐

Position Number: ☐☐☐☐☐☐☐☐☐☐ Commencement Date: ☐☐☐☐☐☐

Level of Position (eg., EO3): ☐☐☐☐ Designation (eg., Head Teacher, Senior Teacher): .....

3. Tenure Appointment Details (This is your tenured position. It may be the same or another location from Section 2)

School/Institution Name: ..... Location Code: ☐☐☐☐☐

Tenure Pos'n No: ☐☐☐☐☐☐☐☐☐☐ Commencement Date: ☐☐☐☐☐☐

Level of Position (eg EO3) ☐☐☐☐ Designation (eg., Head Teacher, Senior Teacher): .....

4. Details of Last Position (This is the location where you last occupied a position)

School/Institution Name: ..... Location Code: ☐☐☐☐☐

LastPos'n No: ☐☐☐☐☐☐☐☐☐☐ Date Ceased Duty: ☐☐☐☐☐☐

Level of Position (eg., EO3): ☐☐☐☐ Designation (eg., Head Teacher, Senior Teacher): .....

5. Teacher Declaration

I acknowledge my posting to the position identified in Section 2 above. I will remain on this position until notified of an alternative position by the Provincial Education Board. I will carry out my duties as a teacher to the best of my ability in accordance with the terms and conditions detailed in the Teaching Services Act 1988.

Teacher's Signature:: ..... Date: .....

6. Verification Signatures (The signatories below verify this teacher is at the named school; the teacher has been appointed to the position indicated on this form and the teacher has been appointed by the appointing authority for the Province)

Head Teacher: ..... Date: .....

Appointment Officer: ..... Date: .....

Chair of Appointing Authority: ..... Date: .....