



DEPARTMENT OF EDUCATION
GUIDANCE COUNSELLOR ALLOWANCE APPLICATION
2023/2024

District/Region _____

Teacher _____ Employee ID _____

GUIDANCE ASSIGNMENT

Names/IDs for all schools in which the teacher is assigned as a guidance counsellor:

Total time assigned to guidance*
(minutes per 5-day week)

Total time assigned to Classroom teaching
(minutes per 5-day week)

*Total of the 2 areas on the left
cannot exceed 1500 minutes
per 5-day week.*

**Please refer to Conditions for the Approval of Guidance Counsellor Allowance.*

I certify the above to be the assigned duties of the individual named above and to be in accordance with applicable articles of the Provincial Collective Agreement and of the Labrador West Collective Agreement, and request approval of this individual as a Guidance Counsellor.

Principal _____ SEO (HR) _____

Date _____ Date _____

Privacy Notice

Under the authority of the *Teacher Training Act*, personal information is collected in order to maintain the records respecting teachers. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*.

Any questions or comments can be directed to the Registrar of Teachers, Karen Mulrooney,
at
709-729-3020 or teachercertification@gov.nl.ca

DEPARTMENT OF EDUCATION USE ONLY

Total assigned duties _____ Previous Approval ☐ Yes ☐ No
Percentage of time counselling _____ Qualifications _____
Category of Allowance Approved 1 2 3 4 5 Denied _____
Teacher Certification Approval _____ Date _____

Teachers' Payroll

Amount of Allowance _____