

**DEPARTMENT OF EDUCATION
SPECIALIST TEACHER ALLOWANCE APPLICATION
2023/24**

District/Region _____

School Name _____ School ID _____

Teacher _____ Employee ID _____

Subject area specialty _____

<i>Subject/grade taught in specialty area</i>	<i># of minutes per 5-day week</i>	<i>Subject/grade taught in areas other than specialty</i>	<i># of minutes per 5-day week</i>
TOTAL		TOTAL	

**Please refer to Conditions for the Approval of Specialist Teachers 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 Specialist Teacher.

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*****

Qualifications _____ Previous Approvals ☐ YES ☐ NO

Specialty Teaching Time _____ Mins per 5-day week _____ %

Other Teaching Time _____ Mins per 5-day week _____ %

NOTES _____

APPROVAL ☐ YES ☐ NO

Teacher Certification _____ Date _____