

TEACHING SERVICE COMMISSION

APPLICATION FOR ACTING SENIOR APPOINTMENT

N.B.: ALL related requests **MUST be put on the SAME Application Form and sent to the TSC through the R.Ed.O**

School: Grade: Telephone No:.....

[N.B.: *UFN = Until Further Notice ** Size of Acting Allowance = Full Difference; OR 2 Increments; OR Other (Mixed) Award]

Acting Position	Name of Teacher Recommended (Put Surname in CAPITAL LETTERS)	Status	Date Attaining that Status YYYY/MM/DD	To act until YYYY/MM/DD	To act until YYYY/MM/DD (or UFN*)	Reason for Acting Appointment	Any Supercession	Size of Acting Allowance **
HM								
DHM								
SM								
SM								
HOD ()								
HOD ()								
HOD ()								

CERTIFICATE: I hereby certify that I have checked this application for acting senior appointment **CAREFULLY**, that it is in order, an **ALL** necessary entries have been inserted.

Signature of Relevant School Official: Substantive Designature: Date: **SCHOOL'S RUBBER STAMP**

Comments and Recommendation of the Principal Education Officer (with Signature, Date and Rubber Stamp)

<u>Acting Position</u>	<u>Recommended?</u>	<u>Size of Acting Allowance and Any Other Comment</u>
1.
2.
3.
4.

Signature of R.Ed.O: Date:.....