

# 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:.....