



SECONDARY TEACHERS (TSU)
APPLICATION FOR RELATED WORK EXPERIENCE

Article 4.06 2014-2017 Collective Agreement

APPLICATION DEADLINE – on or before November 15, 2019.

NAME: \_\_\_\_\_ Employee # \_\_\_\_\_ OCT # \_\_\_\_\_
First Last

PRESENT SCHOOL: \_\_\_\_\_ LOCATION # \_\_\_\_\_

- 1. Effective date of Permanent Hire: \_\_\_\_\_
2. Has this Board or any other Board previously granted you related work experience? \_\_\_\_\_

If yes, when? How many years? \_\_\_\_\_

As per Article 4.06 (a) "Related work experience shall be recognized for teachers in any subject area, provided that the work experience is:

- (i) Related to the subject(s) for which the person holds qualifications;
(ii) In excess of that required for teacher certification;
(iii) Composed of employment in the industry, business or other non-school agency (summer and volunteer work being excluded) as documented.

Please indicate number of years/months you are seeking for consideration in reference to Article 4.06 - (related work experience) \_\_\_\_\_.

In order to be considered for related work experience, please attach a copy of each of the following:

- Letters of experience from previous employers, (must be on company letterhead and signed) for whom you have worked when you accumulated the experience outlined in writing:
- A job description of your employment including position held
- The minimum qualifications for employment
- The duration of the employment (indicate start and end dates)
- The schedule of employment - total number of hours with the organization/s
- A Confirmation that you were employed on a contractual basis (worked full-time or part-time) and received remuneration.
- Most updated Certificate of Qualifications.
- Completed Application Form (Page 1 & Page 2).

APPLICATION DEADLINE – due on or before November 15, 2019 Attention: Laura Angilletta, Secondary Division

ALL SUPPORTING DOCUMENTATION - due on or before February 28, 2020 Attention: Laura Angilletta, Secondary Division

\*\*Incomplete applications and incomplete documentation will not be considered\*\*

TEACHER SIGNATURE

DATE

Teachers Name:	School:
Hire Date:	Teachables:

	Employer	Position Held	Full or Part Time	Start Date MM/DD/YY	End Date MM/DD/YY	Total Hours	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total time applied for: Years \_\_\_\_\_ Months: \_\_\_\_\_**

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_