

**TEACHER TEACHING ON CALL RENEWAL FORM
SCHOOL DISTRICT NO. 50 (Haida Gwaii)**

Return via mail (PO Box 69, QC, BC V0T 1S0) or fax (250-559-8849) to the attention of the Director of Human Resources

NAME: _____

TELEPHONE NO: _____

To be placed on the Haida Gwaii TTOC list, teachers on call must be **readily available** for work at schools in the District. This means that residency on Haida Gwaii is required. TTOCs who will not be available next year, but who wish to remain on the TTOC list should request to be placed as **“UNAVAILABLE”**.

- Yes - I will be available on an on-going and regular basis and I wish to remain on the School District No. 50 (Haida Gwaii) TTOC list. In addition, I will ensure that my BC Teachers Regulation Branch Certificate is validated for the school year. Please check the schools where you wish to work:
- ALM GMD PORT QCSS SNES TAH
- No - I will be **unavailable** to TTOC for School District No. 50 (Haida Gwaii) in _____ school year. However I wish to keep my TTOC Status with School District No. 50 for the _____ school year. (TTOCs can only remain unavailable for a one-year period and will then be removed from the list.)

Please note:

All teaching certificate holders must pay the BC Teacher Regulation Branch membership fee **ANNUALLY**. It is your responsibility to maintain your membership in the BC Teacher Regulation Branch for the period of your unavailability. Please check with the Branch for the fee amount (www.bcteacherregulation.ca) BC Teacher Regulation Branch, 400-2025 West Broadway, Vancouver, BC V6J 1Z6.

I commit that I will advise School District No. 50 (Haida Gwaii) if I accept employment elsewhere, so that the district can address the needs of classroom teachers in need of TTOC's.

(Signature)

(Date)

****Please Note: If this form is not signed and returned, we will assume you are no longer interested in working as a TTOC in the Haida Gwaii School District and will terminate your employment as a TTOC.**

PLEASE ADVISE OF ANY ADDRESS/PHONE NO. CHANGES BELOW:

Effective date of changes: _____ E-mail: (if changed) _____

Has your banking information changed? no yes (attach void Cheque)