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

| NAME:                                 |  |
|---------------------------------------|--|
| TELEPHONE NO:                         | EMAIL ADDRESS:   |
| at schools in the                     | the Haida Gwaii TTOC list, teachers teaching on call must be <u>readily available</u> for work District. This means that residency on Haida Gwaii is required. TTOCs who will not be ear, but who wish to remain on the TTOC list should request to be placed as   |
| ☐ Yes -                               | I will be <b>available</b> 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 Ministry of Education Teaching Certificate is validated for the school year. Please check the schools where you wish to work:                          |
|                                       | □ ALM □ GTN □ PORT □ GKNSS □ SNES □ TAH  |
| □ No-                                 | I will be <b>unavailable</b> 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. (As per section B) 3) of the TTOC guidelines, TTOCs can only remain unavailable for a two-year period and will then be removed from the list.) |
| Please note:                          |  |
| It is your respons<br>of your unavail | ificate holders must pay the Teacher Regulation Branch membership fee ANNUALLY. sibility to maintain your BC Ministry of Education Teaching Certificate for the period ability. Please check with the Teacher Regulation Branch for the fee amount regualation.ca), 400-2025 West Broadway, Vancouver, BC V6J 1Z6.                   |
|                                       | Teachers Teaching on Call Guidelines attached and understand the expectations of o. 50 (Haida Gwaii).  |
|                                       | vill advise School District No. 50 (Haida Gwaii) if I accept employment elsewhere, so an address the needs of classroom teachers in need of TTOCs.   |
|                                       | (Signature) (Date)   |
|                                       | If this form is not signed and returned, we will assume you are no longer rerested in working as a TTOC in the Haida Gwaii School District and will terminate ur employment as a TTOC. (As per Section B) 4) of the TTOC Guidelines).  |
|                                       | PLEASE ADVISE OF ANY ADDRESS/PHONE NUMBER CHANGES BELOW:   |
| Effective date of ch                  | nanges: E-mail: (if changed)   |

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