

Provincial Suspension Authority

This Authority verifies this teacher has been Absent Without Leave (AWOL) for at least 10 consecutive duty days and is to be suspended from the payroll until the teacher resumes duties and is confirmed by the Superintendent for Education or Assistant Secretary.

Province Stamp

TSC Date Stamp

This form is to be forwarded directly to:
The Chairman, Teaching Services Commission.

1. PEA/Superintendent of Education

PEA/Superintendent of Education's Name (Please print):

Telephone: Mobile: Fax:

E-mail Address:

2. Teacher Details (Please print using block letters)

Family Name: Given Name(s):

Employee Number:

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School Name: School Code:

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Position Number:

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3. PEA/Superintendent of Education Declaration

I have investigated the information provided to me about this teacher and I am satisfied it is true and accurate and details are attached to this Suspension Authority. I hereby request this teacher be suspended from the payroll as of

(ddmmy)

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This teacher shall not be returned to the payroll until my approval has been received.

Signature:
PEA/Superintendent of Education

Date:

4. Teaching Services Commission Action

The action recommended by the PEA/ Superintendent of Education to suspend the teacher named above is:

Approved Not Approved Endorsed Not Endorsed (Circle one)

signature: Position: Date:

5. Confirmation of Suspension

I confirm the teacher named above is suspended as requested.

Action Officer: Signature: Date:

Date Province Notified:

6. Cancellation of Suspension

I am satisfied this teacher has returned to duty and is satisfactorily performing duties as a teacher. The teacher is to be returned to the payroll as of (ddmmyy)

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Signature:
PEA/Superintendent of Education

Date

7. Confirmation of Resumption

I confirm this teacher has been returned to the payroll as requested.

Action Officer:

Signature: Date:

Date Province Notified: