



DEPARTMENT OF EDUCATION
SPECIALIST TEACHER ALLOWANCE APPLICATION
2024/2025

Employer _____

School Name _____ School ID _____

Teacher _____ Employee ID _____

Subject area specialty _____

<i>Subject/grade taught in specialty area</i>	<i># of minutes per 5-day week</i>	<i>Subject/grade taught in areas other than specialty</i>	<i># of minutes per 5-day week</i>
TOTAL			TOTAL

*Please refer to [Conditions for the Approval of Specialist Teachers Allowance](#).

I certify the above to be the assigned duties of the individual named above and to be in accordance with applicable articles of the [Provincial Collective Agreement](#) and request approval of this individual as a Specialist Teacher.

Principal _____ SEO (HR) _____

Date _____ Date _____

Privacy Notice

Under the authority of the [Teacher Training Act](#), personal information is collected in order to maintain the records respecting teachers. This information is kept confidential and handled as required by the [Access to Information and Protection of Privacy \(ATIPP\) Act](#).

Any questions or comments can be directed to the Registrar of Teachers, Karen Mulrooney,
at
709-729-3020 or teachercertification@gov.nl.ca

*****DEPARTMENT OF EDUCATION USE ONLY*****

Qualifications _____ Previous Approvals YES NO

Specialty Teaching Time _____ Mins per 5-day week _____ %

Other Teaching Time _____ Mins per 5-day week _____ %

NOTES _____

APPROVAL YES NO

Teacher Certification _____ Date _____