

**APPROVAL FORM FOR TEACHERS WISHING TO UNDERTAKE A
CORRESPONDENCE COURSE**

SECTION A - TEACHER INFORMATION

Name: _____ Payroll #: _____
Post Title: _____ Salary Grade: _____
School: _____ Province: _____

SECTION B - COURSE INFORMATION

Name of the Program/Course: _____
Name of the organization offering the COURSE: _____
Cost: _____ Who will meet the cost? Government Other _____
How will you arrange for the supervision of your class to continue during your absence?

Teacher's certification of information

Name: _____ Signature: _____ Date: ____/____/____

Training needs identification: To be filled by the Head Teacher / Principal

What benefits the concerned school or zone would receive from the course?

State the identified needs the training/course itself will meet for the teacher.

SECTION C - OFFICIAL APPROBATION

PROVINCIAL EDUCATION OFFICER / CHURCH EDUCATION DIRECTOR

Comment: _____

Training/Course: (Tick) Approved () Not Approved () Pending ()

Name: _____ Signature: _____ Date: _____



DIRECTOR SCHOOL SUPPORT SERVICE'S RECOMMENDATION

Comment: _____

Training/Course: (Tick) Approved () Not Approved () Pending ()

Name: _____ Signature: _____ Date: _____

DIRECTOR GENERAL'S RECOMMENDATION

Comment: _____

Training/Course: (Tick) Approved () Not Approved () Pending ()

Name: _____ Signature: _____ Date: _____

APPROVAL FROM THE MINISTER OF EDUCATION

Comment: _____

Training/Course: (Tick) Approved () Not Approved () Pending ()

Name: _____ Signature: _____ Date: _____

<p><u>SECTION D -- APPROVAL OF REIMBURSEMENT BY TEACHING SERVICE COMMISSION</u></p> <p><u>Requirement:</u></p> <ul style="list-style-type: none">- Attach copy of your appointment letter to teaching service- Attach your qualification and original receipts <p>Comment: _____</p> <p>Reimbursement: (Tick) Approved () Not Approved () Pending ()</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>The Teaching Service Commission will inform Director Administration and Finance of approval for refund.</p>
