TEACHING SERVICE COMMISSION

APPLICATION FOR SECONDMENT FROM A NON-BOARD SCHOOL TO ANOTHER NON-BOARD SCHOOL

N.B.: All five (5) sections A, B, C, D, E must be completed before this form is sent to the Teaching Service Commission.

To: The Secretary, Teaching Service Commission

Thru' Headmaster/Headmistress and R.Ed.O/P.E.O.

Signature of Applicant

SECTION A:				
Name of Applicant: Substantive Post:				
School: Grade: Region:				
School Address: Tel. No:				
Current Home Address: Tel. No:				
Future Home Address: Tel. No:				
Subject(s) trained or qualified to teach:				
Subject(s) taught, if in a secondary school				
I hereby apply for <u>SECONDMENT</u> from my post as				
Grade Region to a (Tick one) Nursery Primary Secondary School PIC				
In Region Sub-region with effect from (Name Term and Year)				
(a) Are you now registered at the University of Guyana? Yes No				
(b) If Yes, state Faculty: Programme: Commencing Date:				
(c) Do you intend to register for a programme at the University of Guyana? Yes No				
(d) If yes, state Faculty: Programme: Commencing Date:				
 I am aware: (a) that the Teaching Service Commission must receive my application at least two (2) months before the date on which the <u>SECONDMENT</u> is to become effective. (b) that normally I have to spend at least four (4) years at a school, (Assistants, two (2) years in hinterland and deep riverain areas), except if I am promoted, before applying for <u>SECONDMENT</u>. (c) that I am to live in or near the school area where I am to work. 				
My reasons for requesting this SECONDMENT are:				
1				
2				
3				

Date

(Please Turn Over)

Rubber Stamp

SECTION B:

Coı	mments & Recommendation of	f Headmaster/Headmistress:		
(a)	Comment:			
(b)	(b) All responsibility for funds, books, tools, records etc, which are the property of the school will cleared with the teacher if he/she is granted the SECONDMENT .			
(c)	I (Tick one) recommend	Do not recommend	this application for SECONDMENT	
, ,			-	
(d)	My reason(s) is/are as follow	s:		
	Signature of Headmaster/Head	lmistress Date	Rubber Stamp	
<u>SE</u>	CTION C:			
Coı	nment & Recommendation of	R.Ed.O./P.E.O. of the Region	on from which the SECONDMENT is to	
	made.	Ç.		
	C' (DELO/DEO		D.11 G	
	Signature of R.Ed.O./P.E.O.	Date	Rubber Stamp	
<u>SE</u>	CTION D:			
Cor	mment of the Regional Execut	tive Officer of R.Ed.O./P.E.C	O. of Region to <u>receive</u> the Applicant.	
N.E	3.: Include the Name of the	School		
••••				
••••				
 Sig	nature of R.Ed.O./P.E.O.	Date	Rubber Stamp	