

	National Défense Defence nationale	<b>GENERAL ALLOWANCE CLAIM</b>	VOUCHER NO –
<b>NOTE:</b> THE USE OF THIS FORM IS RESTRICTED TO ONE KIND OF ALLOWANCE PER SHEET AND IS NOT TO BE USED FOR ALLOWANCES FOR WHICH FORMS HAVE ALREADY BEEN PROVIDED			BATCH NO –
<b>FORM # 10FSL -EDUCATION ALLOWANCE - FRENCH LESSONS WHEN FRENCH AS A SUBJECT IS NOT PROVIDED AT THE SCHOOL THE STUDENT IS ATTENDING OR THE STUDENT IS ABOVE OR BELOW THE CLASS LEVEL.</b> <i>EFFECTIVE 01 JANUARY 2006</i>			
SN _____ RANK _____ NAME _____			
UIC/UNIT _____ SY 1 SEPTEMBER _____ TO 31 AUGUST _____			
STUDENT BEING CLAIMED			
STUDENT NAME: _____ DATE OF BIRTH (dd/mm/yyyy): _____			
Name/address/telephone number of School attending:			SCHOOL GRADE _____
<b>Benefit</b>			
1. Applicable from <b>Senior Kindergarten to Grade 12</b> . Fifty hours of FSL tutoring in a one-on-one setting			
<b>Entitlement – See Part IV reference French Tutoring qualifications</b>			
2. Hourly rate to provide 50 hours of instruction. Education Allowance for Language Tutoring as per the DEM Web: <a href="http://www.forces.gc.ca/dgcb/educat">www.forces.gc.ca/dgcb/educat</a> click on Part XIII-Post Ceiling and Education/Travel Allowances Guidelines			
<b>Certification by the member (Obtain Tutor rate from Part XIII-Post Ceiling and Education/Travel Allowances Guidelines)</b>			
3. Student is enrolled in an English Language School: <input type="checkbox"/> Yes <input type="checkbox"/> No. Student is following: <input type="checkbox"/> Grade Senior Kindergarten to Grade 3 obtained from Outside Canada Support Unit <input type="checkbox"/> Grade 4-8 enrolled in Curriculum course obtained from Outside Canada Support Unit <input type="checkbox"/> Grade 9-12 student enrolled in the Independent Learning Centre course			
And the Tutor's name/address/telephone number is:			
If Tutor has not been used in the past, the new Tutor is to complete Form 10APP – Application Form for Language Tutor for Dependent Children of Canadian Forces Outside Canada (Part IV refers) Tutoring takes place at <input type="checkbox"/> Student's home or <input type="checkbox"/> Tutor's home.			
OR			
4. <input type="checkbox"/> Student is following without a tutor the Grade 9-12 Distance Education Course provided by AMDEC			
5. I have obtained a copy for the tutor of: <input type="checkbox"/> Renfrew County Board of Education Grades K-3 Core French Resource Document <input type="checkbox"/> the Ontario Core French Grades 4-8 Curriculum from the Ontario Ministry of Education Web Site <a href="http://www.edu.gov.on.ca">www.edu.gov.on.ca</a>			
6. <input type="checkbox"/> FSL Resource List found on DEM Web Site <a href="http://www.forces.gc.ca/dgcb/educat">www.forces.gc.ca/dgcb/educat</a> Part IV – Language Tutoring has been provided to the tutor.			
7. I accept this Education Allowance for FSL Tutoring on condition that I may be required to present proof that this Tutoring has taken place in the event of an audit. Such documentation should be kept for a period of 7 years to satisfy audit requirements. I request an Education Allowance for _____ hours of FSL tutoring at _____ per hour.			
Member's Signature: _____			Date: _____
<b>Outside Canada Approving Authority Office use only.</b>			
<input type="checkbox"/> Verified by Education Clerk that allowances as requested are within entitlement.			
<input type="checkbox"/> Applicable article in the Outside Canada Education of Children "How To" Book _____			
<input type="checkbox"/> Tutor approval message from NDHQ _____			
<b>Outside Canada Support Unit Approving Authority Approval and Certified pursuant to Section 34 of the FAA Block</b>			
MAXIMUM EDUCATION ALLOWANCE FOR LANGUAGE TUTORING FOUND IN UIC/UNIT POST CEILING GUIDELINE: _____			
EDUCATION ALLOWANCE FOR _____ HOURS OF LANGUAGE TUTORING (LOCAL CURRENCY) _____ IS APPROVED.			
Approving Authority Officer Signature: _____			Date: _____
Approving Authority is to provide the member with an authorized copy of this allowance.			
Financial Coding: GL: <b>1211 Cost Centre: 2202ZF Fund: C103 IO: GRC0000B3206</b>			
<input type="checkbox"/> Civilian Personnel Financial Coding: Contact DCBA 5/DEM/ <input type="checkbox"/> MSGU Financial Coding: CC: 2300AQ Fund: C117 GL 1211 IO: _____			
<b>(For FMAS Purposes, the text description line must show: Unit UIC, last three digits of SN and member's last name)</b>			
Received amount of _____	Currency _____	Exchange Rate used _____	CHEQUE NO. _____
Claimant's Signature _____		Date: _____	Cashier's Initials: _____