

OSAP 200.10.1 ANNEX F

OPERATION AND STAFF MANAGEMENT

OCCASIONAL TEACHERS – YEAR-TO-DATE SUMMARY OF HOURS WORKED

AFNORTH International School

Report Month _____

MONTH	<u>CATEGORY 1:</u> Certified teacher with degree	<u>CATEGORY 2:</u> Certified teacher without degree	<u>CATEGORY 3:</u> Unqualified teacher replacements	Extended Occasional
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
TOTAL HOURS				
HOURLY RATE OF PAY				
TOTAL				
FUNDS ALLOCATED				
FUNDS EXPENDED TO DATE				
BALANCE FUNDS				

To be completed by DELC-E

Distribution

To be forwarded monthly to DCBA 5-2

5300-151/20-18-2 (AFNORTH)

OSAP 200.10.1 ANNEX F

OPERATION AND STAFF MANAGEMENT

OCCASIONAL TEACHERS – YEAR-TO-DATE SUMMARY OF HOURS WORKED

AFNORTH International School

Report Month _____

Name	Category	Hours of work	Rate of Pay *	Monthly Pay (CAN)
			Budget: GL: 4609, IO: GRC0000B3233	
			Budget: GL: 4609, IO: GRC0000B3278	\$
			Budget: GL: 4609, IO: GRC0000B3275	
To be completed by DELC-E				
Distribution				
To be forwarded monthly to DCBA 5-2				

* Rate of pay as per *Annex A* to OSAP 200.10.1
5300-151/20-18-2 (AFNORTH)

OSAP 200.10.1 ANNEX F

OPERATION AND STAFF MANAGEMENT

OCCASIONAL TEACHERS – YEAR-TO-DATE SUMMARY OF HOURS WORKED

SHAPE International School

Report Month _____

MONTH	<u>CATEGORY 1:</u> Certified teacher with degree	<u>CATEGORY 2:</u> Certified teacher without degree	<u>CATEGORY 3:</u> Unqualified teacher replacements	Extended Occasional
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
TOTAL HOURS				
HOURLY RATE OF PAY				
TOTAL				
FUNDS ALLOCATED				
FUNDS EXPENDED TO DATE				
BALANCE FUNDS				

To be completed by SHAPE School Secretary

Distribution

To be forwarded monthly to DCBA 5-2

5300-151/01-18-2 (SHAPE)

OSAP 200.10.1 ANNEX F

OPERATION AND STAFF MANAGEMENT

OCCASIONAL TEACHERS – YEAR-TO-DATE SUMMARY OF HOURS WORKED

SHAPE International School

Report Month _____

Name	Category	Hours of work	Rate of Pay *	Monthly Pay (CAN)
Budget: GL: 4609, IO: GRC0000B3240				
Budget: GL: 4609, IO: GRC0000B3267				\$
Budget: GL: 4609, IO: GRC0000B3264				
To be completed by SHAPE School Secretary				
Distribution				
To be forwarded monthly to DCBA 5-2				

* Rate of pay as per *Annex A* to OSAP 200.10.1
5300-151/01-18-2 (SHAPE)