

DEPARTMENT OF HUMAN RESOURCES

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Appendix C

TEACHER-IN-CHARGE FORM

To be completed and returned to Peter Oostrom, Assistant Manager of Human Resources, Peter.Oostrom@cdsbeo.on.ca.

Month:		School:		
Name of Teacher-	In-Charge:			
Date(s):				
	am/pm		am/pm	am/pm
	am/pm	;	am/pm	am/pm
	am/pm	:	am/pm	am/pm
	am/pm		am/pm	am/pm
	TOTAL NUM	BER OF DAY(S):		
Teacher-In-Charg	ge:			
		(signature)		
Principal:		(signature)		
Date:				