

TEACHER ON CALL REQUEST FORM

Date Prepared:

School:

Teacher To Be Replaced:

Date(s) T.O.C. Required:

Time T.O.C. Required:

From:

To:

(i.e. 8:15 am to 2:35 pm)

% of Time Taught: _____

% of Time Teacher Absent: _____

Grade: _____

Subjects: _____

Preferred Teacher on Call:

1st choice:

2nd choice

3rd choice:

Reason for Absence:

Comments:

Signed (School Contact)

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To Be Filled Out By T.O.C. Clerk and Faxed Back to School

Date Confirmed and Faxed Back: _____

T.O.C. Booked: _____

Please send via fax to: T.O.C. Clerk, School Board Office at 604-892-1038