RESUMPTION OF DUTY SUMMARY SHEET

Return dates (Tick the appropriate box): ☐ Day 1, Term 1 ☐ Week 2, Term 1 ☐ Day 1, Term 2 ☐ Day 1, Term 3 ☐ Day 1, Term 4

Province Name: _____ School Code: _____ School Name: _____

Head Teacher's/Principal's Name (Please print): _____ PEA's Signature: _____

Pos. Change	Position Number	Teacher Information						Office Use		
		Employee Number	Family Name	Given Name(s)	Date Resumed	M F	Teacher's Signature	C,G N,P V**	T A *	In-put