



INTERNAL SECONDMENT FORM

Invoice #: _____

Committee: _____

Dates Required: _____

Name of Teacher: _____

Date

Superintendent Signature

* 10% is to be applied to basic salary as per provincial grid and not to any allowances payable.

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FOR DEPARTMENT USE:

10% of teacher's salary as per provincial grid:

_____ per day x: _____ day(s) = _____

Amount Payable = _____