



Horizon School Division
Contract Recommendation/Location Change
(Certificated Teaching Staff)

Name of Teacher: _____

School: _____

SECTION A: Check all that apply

- New employee – (*Summary of Hiring for Teachers/Administrators* must be attached)
- Current employee – new contract for current employee
- Current employee – Internal transfer of location (Division initiated or successful posting)
Moving from: _____ (current) to _____ (new),
effective _____.
- Current employee – FTE adjustment for current employee*
Change FTE from _____ to _____ effective _____.
**Increase can only occur on the first teacher day of the month or semester change. Decrease can only occur at semester change if teacher opposes (speak to Anita).*

SECTION B: Recommended Contract

- Interim Full-time Start Date: _____ End Date: _____
- Interim Part-time Start Date: _____ End Date: _____
FTE: _____
- Extension to existing Interim contract (not beyond 360 days total)

NOTES:

- Interim Contracts can only be for a period of 360 teaching days
- Teacher may not have been employed by Horizon in the school year immediately prior to the contract (exception is substitute and temporary teacher)

- Temporary Full-time Start Date: _____ End Date: _____
- Temporary Part-time Start Date: _____ End Date: _____
FTE: _____
- Extension to existing Temporary contract

Teacher within school being Replaced: _____ Not Applicable

Notes:

- Replacement is for a minimum of 20 teaching days
- Termination is next June 30 or earlier as specified
- Termination may occur on 30 days notice, no appeal



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- Probationary* Full-time Start Date: August End Date: June
- Probationary* Part-time Start Date: August End Date: June
FTE: _____
- Extension to Probationary for a Second Year
** Probationary contract must be for a full school year (or full-time equivalent)*

Notes:

- Teacher may not have been employed by Horizon in the school year immediately prior to the contract (exception is substitute and temporary teacher)
- Terminates next June 30 or on date specified
- Extension requires evaluation that indicates a need and teacher must agree

- Continuing Part-time Start Date: _____
- Evaluation Submitted. Date: _____ FTE: _____

- Continuing Full-time Start Date: _____
- Evaluation Submitted. Date: _____
- *Note: moving from Continuing Part-time to Continuing Full-time or vice versa does not require an Evaluation*

SECTION C: FTE Breakdown:

General Ledger Codes	% Teaching Time - Semester 1	% Teaching Time - Semester 2
ECS	%	%
REG	%	%
LST	%	%
Admin	%	%
Total	%	%

NOTE: Please contact Human Resources should scheduling changes be introduced that alter FTE throughout the year

Principal/Senior Admin Signature

Date

Division Office Approval

Date