Teacher Change Reporting Form

Please click below to email this to the STF Members Health Plan and the Teachers' Superannuation Commission:
(save and then attach the form to the e-mail)

STF and TSC

Instructions:
Complete this form and return, along with your group insurance premium remittance summary and monthly remittance information, no later than the 10th calendar day of each month. Report new teachers, change in contract status, leave of absence and termination information.

School Division Name:
[Click here and type in School Name]

School Division No.
[Click here & type in Div #]

Date Report Completed
Month: [type in Month] Year: [type in Year]

Key: Contract Status: **C** = Continuing **T** = Temporary **R** = Replacement
Type of Leave: **Ed** = Education **Mat** = Maternity **Par** = Parental **Sab** = Sabbatical **P** = Personal **S** = Sick Leave **Dis** = Disability
Termination: **Ret** = Retired **D** = Deceased **Res** = Resignation **O** = Other

					Contract Status				Type of Leave		Termination	
Name of Teacher	**Address**	**Name of School**	**Certificate Number**	**Social Insurance #**	**C.T.R.**	**Start Date dd/mm/yyyy**	**End Date dd/mm/yyyy**	**Date Teacher Eligible for Benefits**	**Ed, Mat, Par,Sab, P, S, Dis**	**Length of Leave dd/mm/yyyy to dd/mm/yyyy**	**Ret, D, Res, O**	**Date dd/mm/yyyy**
[Click here & start Data Entry]												