

BONUS FOR COMPLETED COURSES APPLICATION

SECTION A

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

School: _____ TQS Certificate: _____ Highest Degree Held: _____

Course No.	Course Description	Units	Institution	Course Start Date
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Reason for taking course(s): _____

Recipients of a course bonus should be aware that receipt of this bonus may have tax implications. Please check for details with your accountant or Revenue Canada

Signature of Teacher: _____

SECTION B: Approval by Superintendent of Schools **prior to commencement of classes**

Date of approval: _____ Superintendent or Designate: _____

SECTION C: Evidence of successful completion of course(s)

Evidence of successful completion of course(s) has been submitted and approval for bonus is hereby given at \$40.00 per unit of credit (equivalent to UBC) as per Article B.34 Extra Courses.

Course	Total
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

Date of approval: _____ Superintendent or Designate: _____