AIMS

- Relief teachers are to be afforded every assistance possible to make their time at St Joseph’s rewarding and fruitful for both themselves and the students.
- If possible the same relief teacher will be employed for the duration of a teacher’s absence.
- All relief teachers will be made aware of the organisation of the school for eg assemblies, library procedures, PE timetable etc.

PROCEDURES

- Relief Teachers will compete a Relief Teacher Registration Form before commencing work at St Joseph’s Catholic School.
- If the period of replacement teaching is to be a period greater than two days and/or absence is know beforehand, then the relief teacher should meet and discuss with the class teacher or senior staff, possibly beforehand, planned units of work.
- The work undertaken by Relief Teachers should complement the class program, but is to be prepared and assessed by the Relief Teacher.
- The Relief Teacher Folder containing explanations of timetables, rosters, expected practises etc will be given to all Relief Teachers.
- The Relief Teacher is expected to be in attendance from 8.15 am until 3.15 pm.
- Relief Teachers will undertake playground duty for which the absent class teacher is normally rostered.
- Routine matters should be attended to by the Relief Teacher ie Class Register, Absentee Card, Office Communication Folder etc.
- Classrooms must be left clean and tidy at the end of the day.
- The Relief Teacher should leave notes to inform the classroom teacher of work covered, any problems encountered, comments on student’s work and behaviour.
- Relief Teachers are to complete a Relief Teacher Claim Form at the completion of the day.

This policy and associated practices will be reviewed as part of the St Joseph’s Catholic School policy review cycle.

Implemented: August 2006
Amended: February 2009
## RELIEF TEACHER REGISTER

**Year:** _________

### PERSONAL DETAILS:

**NAME:** _____________________________

**ADDRESS:** _____________________________________________________________

__________________________________ **POSTCODE:** _________

**TELEPHONE:** _____________________          ____________________________

**RELIGION:** ___________________________  **MARITAL STATUS:** _________________

### PROFESSIONAL QUALIFICATIONS:

**TRAINING INSTITUTION:** _______________________________________

(eg: University of Tasmania)

**YEARS ATTENDED:** FROM _________ TO _________ (inclusive)

**QUALIFICATION GAINED:** ___________________________________

(eg B. ED)

**Additional Training:**

**INSTITUTION:** _________________________________

**QUALIFICATION GAINED:** _________________________________

### EXPERIENCE:

<table>
<thead>
<tr>
<th>School</th>
<th>Year Employed</th>
<th>Full time/Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. St Joseph’s</td>
<td>2001 - 2009</td>
<td>P/T ’01 F/T ’07-08</td>
</tr>
</tbody>
</table>

Include FTE but do not include relief teaching

### TEACHERS REGISTRATION TASMANIA:

**REGISTRATION NO:** __________________________

**REGISTERED UNTIL:** __________________________

*PLEASE ATTACH COPY OF REGISTRATION CERTIFICATE*
St Joseph’s Catholic School

TEACHING CLAIM FORM

SECTION 1 TO BE COMPLETED BY RELIEF TEACHER

Title: Mr/ Mrs / Miss / Ms (Please circle)

Family Name: ___________________________ Given Name(s): ___________________________

Postal Address: _________________________________________________________________

Date(s) of Relief Teaching: ______________________________________________________

Total Number of Days/Hours Worked: _____________________________________________

Class(es) Taught: ________________________________________________________________

Signature of Claimant: ___________________________________________________________

Date: ___________________________

SECTION 2 TO BE COMPLETED BY PRINCIPAL

Reason for Relief Appointment: ____________________________________________________

Can Reimbursement be Sought for Salary Costs? Yes / No (Please circle)

Name of Absent Teacher: _________________________________________________________

Class: ___________________________

Signature of Principal: __________________________________________________________

Date: ___________________________

OFFICE USE ONLY

Salary Level: □ ie □ Hrs x $ _______ P/Hr = $ _______ A/c Code _______

Superannuation: $ _______ x __% = $ _______ (If applicable) A/c Code _______

(NB – Gross Salary of $450 or > in a Calendar Month – may need to back pay for prior PPE in Month)

Payment Made by: Direct Debit / Cheque (Please circle)

Signature of Finance Administrator: __________________________________________________

Date: ___________________________

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