



## APPLICATION FOR SPECIAL CLASS ALLOWANCE

Please note: Staff teaching in a Special School location are automatically paid this allowance

### Section 1: EMPLOYEE DETAILS

DECD ID	<input type="text"/>	Family Name	<input type="text"/>	Given Name(s)	<input type="text"/>
Location	<input type="text"/>			Location Number	<input type="text"/>
Current Position	<input type="text"/>			Classification	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>		

### Section 2: DATES FOR PAYMENT OF ALLOWANCE

Note: A new declaration must be lodged each year or when the employee becomes eligible for special allowance.

Start Date  End Date

### Section 3: EMPLOYEE DECLARATION

I declare that the information shown is true and correct in every particular and make this declaration for the purpose of obtaining a Special Class Allowance in terms of the Teachers (Department for Education) Award. I also agree to notify the Department for Education immediately, in writing, if at any time a change of circumstances should reduce my entitlement to the allowance claimed above.

<input type="text"/>	<input type="text"/>
Signature	Date

### Section 4: PRINCIPAL DECLARATION

I certify that the above named employee is directly responsible for the teaching of a Special Class for at least 40% of each school week.

<input type="text"/>	<input type="text"/>
Principal Signature	Date
<input type="text"/>	<input type="text"/>
Print Name	Date

### OFFICE USE

Special Class Allowance has been approved from

<input type="text"/>	<input type="text"/>	<input type="text"/>
Delegate Signature	Date	to
<input type="text"/>	<input type="text"/>	<input type="text"/>
Delegate Signature	Date	(inclusive)

OFFICER RESPONSIBLE Special Class Allowance entered into Valeo

<input type="text"/>	<input type="text"/>
Delegate Signature	Date
<input type="text"/>	<input type="text"/>
Delegate Signature	Date