

Guide to Completing the Month End Staff Changes Form

The Month End Staff Changes form allows the Department of Education, Citizenship & Youth, Professional Certification Unit to maintain accurate personal and employment information on certified school personnel in Manitoba.

The division/district/school office can mail/fax this form on the last teaching day of each month to the **Professional Certification Unit, P.O. Box 700, Russell MB R0J 1W0**. For assistance please call **1-800-667-2378** or **1-204-773-2998** or by fax at **1-204-773-2411**.

Reporting required only for those months when there are changes.

If you are reporting changes through EIS Collection refer to your EIS Collection User Manual for instructions.

List each school/position on a separate line. Contact the Professional Certification Unit for school numbers. If you do not know a PSP number, please use birth date or Certificate Number.

New/Changed Staff Information

New Staff Information refers to professional school personnel whom the division/district/school has hired during the past month.

Changed Staff Information refers to changes in school, full or part-time status, and position.

Instructions:

1. Enter the PSP#, SURNAME and GIVEN NAME. If the PSP # is unknown use birth date.
2. Enter the POSITION name and the approximate PERCENTAGE of time allocated for this position. If more than one position applies to this individual, or if the same position is in separate locations (i.e. school or division office), indicate the percentage of time for each on a separate line. The total % of all positions reported will equal 100%, even if the individual's "Status with Division %" is part-time. Select the position that *best fits* from the list below:

01 Teacher	12 Consultant	83 Reading Recover Teacher	92 Clinician-Psychologist
07 Principal	15 Counselor	11 Special Education Coordinator	93 Clinician-Occupational Therapist
09 Superintendent	30 ELENS Teacher	90 Clinician-Speech&Hearing	94 Clinician-Social Work
99 Unspecified	04 Resource Teacher	91 Clinician-Physiotherapist	95 Clinician-Reading
08 Vice Principal	20 Librarian	26 Vocational/Technical Teacher	

3. Enter the **SCHOOL NAME** and **SCHOOL NUMBER**. Contact the Professional Certification Unit for school numbers. List each school on a separate line.
4. Enter **SCHOOL %**. This refers to the % of time an individual spends at a school in a division. The sum of all School % must equal 100% within the division, even if the individual's "Division %" is part time.
5. Enter **START DATE**. Enter the beginning date of the contract between the division and the individual as Day/Month/Year, i.e. 21 Aug 2008.
6. Enter **DIV. %**. Enter part-time percent in whole numbers, i.e. 50,40,25.
7. If there is nothing to report in this section print "NIL" and return as instructed above.

New/Changed Name & Address Information

New/Changed Name and Address information is used to report personal changes which occurred during the month relating to professional personnel currently employed by the division/district/school.

Instructions:

1. **Report the address of professional personnel who are new to the Division/District.** Also report any changes in address which occurred during the month. Fill out the PSP number (or birth date/Certificate # if PSP number is unknown), Surname and Given Name, New Mailing Address, City/Town, Postal Code, and Phone Number.
2. Report Name Changes by filling out the PSP number (or birth date/Certificate # if PSP number is unknown), Surname and Given Name (new), and Previous Name.
3. If there is nothing to report in this section print "NIL" and return as instructed above.

Staff Deletion/Transfer

Staff deletion refers to professional school personnel who have ceased employment with the division/district/school during the past month. *NOTE:* This does include personnel commencing Parental/Adoptive Leave.

Staff transfer is used to delete a professional school personnel currently employed by the division/district in a certain school for the reason of Transfer to another school. The school they are transferring to will be recorded in the New/Changed Staff Information section.

Instructions:

1. Enter the PSP number, Surname and Given Names, School Number and School Name. If a PSP number is unavailable use birth date or Certificate Number.
2. Enter the date the delete/transfer commenced as Day Month Year, i.e. 20 Sep 2008.
3. Enter the reason for leaving that best fits from the list below:

45 Transfer Between Schools	16 End of Exchange Program	33 Sick Leave	12 Teaching outside Manitoba
36 Inactive Supply	13 On Exchange Program	34 Deferred Leave	30 Parental/Adoptive Leave
35 Leave of Absence	14 Term Contract Expired	39 Dismissed	50 Resume/Assume Home Duties
15 Resignation	32 Loan Secondment	70 Deceased	31 Professional/Educational Leave
40 Attend University	20 Employed Other Occupation	60 Retired	11 Teaching Elsewhere in Manitoba
18 Change in % employed	19 Change of Position		

4. When a delete reason changes, i.e. from 35-Leave of Absence to 60-Retired or 30-Parental/Adoptive Leave to 15-Resignation record the change.
5. If there is nothing to report in this section print "NIL" and return as instructed above.

This personal information is being collected under the authority of The Education Administration Act Manitoba Regulation 515/88 and will be used to maintain a record of annual teaching activities. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Professional Certification Unit, Box 700, Russell MB R0J 1W0 ph. 1-800-667-2378 or 1-204-773-2998.

MONTH END STAFF CHANGES FORM
 (Refer to reverse for instructions on completion of this form)



DIVISION OR DISTRICT NAME _____

MONTH _____

NEW/CHANGED STAFF INFORMATION (ADD ADDRESS INFORMATION BELOW)								
PSP #	SURNAME	GIVEN NAMES	POSITION(S) [If more than one position, please show allocation of time]	SCHOOL NO	SCHOOL NAME(S)	SCHOOL %	START DATE DD/MM/YYYY	Div %

NEW/CHANGED NAME AND ADDRESS INFORMATION							
PSP #	SURNAME	GIVEN NAMES	PREVIOUS NAME	NEW MAILING ADDRESS	CITY/TOWN	POSTAL CODE	PHONE NO.

STAFF DELETION/TRANSFER						
PSP #	SURNAME	GIVEN NAMES	SCHOOL NUMBER	SCHOOL NAME	END DATE DD/MM/YYYY	REASON FOR LEAVING [See reserve for reference list]