

Teacher Classification Board

Application for Appeal of Teacher Salary Classification



Last Name		First Name	
Street/P.O. Box			
Town/City		Province	Postal Code
Email			

Certificate Type	Certificate Number						
Employing School Board	Present Classification Granted by School Board						
Classification Requested							

Date of Eligibility Claimed

Day	Mon	Year	

Attach to this form a detailed explanation of your appeal to the Teacher Classification Board. (Please cite the section of [The Teacher Salary Classification Regulations](#) that you believe has not been applied correctly.)

The applicant will be responsible for seeing that all supporting evidence and transcripts are on file at the Ministry of Education. Applicants may consent to the ministry accessing transcript information on the Saskatchewan Professional Teachers Regulatory Board portal (www.sptrb.ca).

Date of Application

Day	Mon	Year	

Teacher

Signature *(electronic signature acceptable)*

(I acknowledge that in accordance with *The Electronic Information and Documents Act, 2000*, my electronic signature has the same effect as a signature.)

Submit form to the Ministry of Education: Email to teacher.classification@gov.sk.ca or fax 306-787-0035.