**Surplus staffing report form**

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| School Information | | | | | | | | | | |
| School name | | |  | | | | | | | |
| School MOE number | | |  | | Contact name | | |  | | |
| Contact email | | |  | | | | | | | |
| Surplus staffing support eligibility conditions | | | | | | | | | | |
|  | Do you face a reduction in staffing entitlement of 1.00 FTTE or more? | | | | | | | | | |
|  | Is your commitment to **permanent staff** (FTTE) greater than your provisional staffing entitlement for  next year? | | | | | | | | | |
|  | Have the Board made any permanent appointments during the year? | | | | | | | | | |
|  | Have all requirements been met that relate to the teacher’s option? | | | | | | | | | |
| Staffing details | | | | | | | | | | |
| FTTE of permanent staff | | |  | | | | | | | |
| Please include any staff members who do not appear on your SUE report (e.g. maternity leave) in your permanent staff count. List these staff members names and MOE numbers below: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Teachers identified as surplus | | | | | | | | | | |
| Teacher name | | **MOE number** | | **Option** | | **FTTE** | **Units** | | **MMA** | **SMA** |
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| Please attach the following documentation | | | | |
|  | Board minutes confirming the decision to declare staff surplus | | | |
|  | Copies of all correspondence between the Board and identified teacher(s):   * Written communication from the Board to the teacher(s) notifying them of their options * Written communication from the teacher(s) informing the Board of their decision | | | |
|  | **If redeployment/supernumerary to another school option selected**: written confirmation of formal agreement between both Boards | | | |
|  | **If retraining option selected**: full details of the intended course and an explanation of how this course upgrades or enhances the teacher’s skills. Retraining courses require Ministry approval before access to the retraining option is confirmed. Course criteria outlined on the [Ministry website](https://www.education.govt.nz/school/funding-and-financials/resourcing/school-staffing/surplus-staffing-support/#Retraining) | | | |
| Certification (I certify that I have checked the information on this form, to the best of my knowledge, is true and correct in every particular) | | | | |
| Principal’s name | |  | | |
| Signature | |  | Date |  |
| Board Chair’s name | |  | | |
| Signature | |  | Date |  |