



Ministry of Education, Youth, Sports and Culture

COMMUTING ALLOWANCE APPLICATION FORM

A **Commuting Allowance** is payable to a teacher from a government or grant-aided pre- or primary school if he/she is employed on a full-time basis for **one (1) month or more** and must travel a distance of **three (3) miles or more** from his/her home to school.

The Commuting Allowance application form should be completed in **duplicate** and must be supported by **one (1)** of the following **Proof of Residence**.

➤ A utility bill issued within the last **two (2) months** of the date of the application, which reflects the **name** and **address** of the applicant; where the name on the bill is different from the applicant's, a letter attesting to the applicant's residence at that address is **also** required.

➤ A confirmation letter from the Village Chairperson or Alcalde or Justice of the Peace from the community **IF** the place of residence is in a remote area where utilities may not be available.

Additional Notes:

- ❖ A full-time teacher is approved by the Teaching Services Commission and works an entire work week, even if the employment period is temporary.
- ❖ Teachers in receipt of a Hardship Allowance are NOT eligible for Commuting Allowance.
- ❖ Commuting Allowance is NOT payable where the Ministry provides teachers' transportation to the school.
- ❖ Completed Application Forms must reach the Teacher Administrative Services by **15th September** or within one (1) month of employment approval.

SECTION A (To be completed by the Applicant)

1. Name of Applicant			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
	_____	_____	_____
2. Teaching License	License #: _____	Issue Date _____ <i>(dd/mm/yy)</i>	Expiration _____ <i>(dd/mm/yy)</i>
3. Name of School <i>(Currently teaching)</i>	_____		
4. Address of School	_____		
Street	_____		
City/Town/Village	_____		
District	_____		
5. Address of Residence	_____		
Street	_____		
City/Town/Village	_____		
District	_____		
6. Attach One <i>(check (√) whichever applies)</i>	<input type="checkbox"/> Utility bill <i>(letter of support, if required)</i> <input type="checkbox"/> Confirmation letter		
7. One-way Distance from Home to School	<input type="checkbox"/> 3 – 5 Miles <input type="checkbox"/> 6 – 10 Miles <input type="checkbox"/> 11 Miles and over		

8. I, _____ *(applicant's name)*, hereby certify that the information provided above is true and correct.

Signature of Applicant

Date

Section B (To be completed by the School Principal)

9. I, _____ *(principal's name)*, hereby confirm that the information provided in Section A is correct.

Signature of Principal

Date

SECTION C (To be completed by the District Ed. Manager)		SECTION D (To be completed by the General Manager)	
10. Are teachers at this school eligible for Hardship Allowance?	() Yes () No	15. Is the applicant an approved full-time teacher at this school?	() Yes () No
11. Does the Ministry provide transportation for teachers to this school?	() Yes () No	16. Period of employment for current school year. From _____ To _____ (dd/mm/yy) (dd/mm/yy)	
12. Is the payment of the Commuting Allowance supported?	() Yes () No	17. Is the payment of the Commuting Allowance supported?	() Yes () No
13. Comments, if necessary: _____ _____ _____ _____		18. Comments, if necessary: _____ _____ _____ _____	
14. Verified by District Manager (DM) (Affix District Education Center Stamp) Printed Name: _____ _____ <i>Signature of DM</i> _____ <i>Date</i>		19. Recommended by General Manager (GM) (Affix School Management Stamp) Printed Name: _____ _____ <i>Signature of GM</i> _____ <i>Date</i>	
SECTION E: APPROVAL (FOR OFFICIAL USE ONLY)			
20. Payment of Commuting Allowance	() Approved () Not Approved		
21. Allowance Amount	() \$40 [3 – 5 Miles] () \$50 [6 – 10 Miles] () \$60 [11 Miles and over]		
22. Effective Payment Period	From _____ To _____ (dd/mm/yy) (dd/mm/yy)		
23. Teacher Administrative Services Printed Name of Officer: _____ Post: _____ _____ <i>Signature of Officer</i> _____ <i>Date</i>			