



"Bringing Learning to Life!"

School District No. 85 (Vancouver Island North) P.O. Box 90, Port Hardy, B.C. VON 2P0 Tel: (250) 949-6618 Fax: (250) 949-8792

Extra Hours Request Form

Personal Information

Name: _____
Employee No.: _____ Department: _____
Current School (s): _____
Current Position (s): _____
Current Schedule: _____
Home Phone: _____ Alternate Phone: _____
E-mail Address: _____

Work Requested

Classification (s) Requested: _____
Work Location (s) Requested: _____
Days/hours Requested: _____
Have you reviewed the job descriptions for the classifications (s) requested? _____
Are you able to perform all of the job duties for the classification (s) requested? _____
Have you attached proof of qualifications? _____
When can you start? _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*
Address: _____
Street Address *Apartment/Unit #*
City *Prov.* *Postal Code*
Primary Phone: _____ Alternate Phone: _____
Relationship: _____

Email this form to the Secretary Treasurer at jmartin@sd85.bc.ca. Remember to include your transcripts and a copy of your High School Graduation Certificate (Dogwood) **if not already on file.**