



Salary Re-evaluation Request

Personal information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____		
First name	Middle name(s)	Last name
Former name(s)		Date of birth (yyyy/mm/dd)
Street/PO box	City/town	Territory/province
Postal code	Email	

Employment information

Community	School
-----------	--------

Reason for request

I would like to request a salary re-evaluation because:

Submit the following to TeacherRegistrar@gov.nu.ca

this completed application form

If you are requesting this salary re-evaluation based on additional education that you have completed, the post-secondary institution must provide a transcript directly to our office. They may email it to TeacherRegistrar@gov.nu.ca or they may mail it to our office:

Registrar, Nunavut Educators' Certification Service
PO Box 1000, Station 900
Iqaluit, Nunavut X0A 0H0

You will be contacted within two weeks to confirm that your request has been received.

Questions regarding your request should be directed to TeacherRegistrar@gov.nu.ca