



Government of the Republic of Trinidad and Tobago
Ministry of Education

SUBSTITUTE TEACHER MANAGEMENT SYSTEM (STMS)*

Payment Authorization Form

I. PERSONAL INFORMATION

School: _____ District: _____

Name of Substitute Teacher: _____

Registration No.: _____ Position/Assessment: _____

Date of Birth: _____ / _____ / _____ I.D./D.P.: _____
dd/mm/yy

NIS No.: _____ BIR No.: _____

Contact Number.: _____ Period Worked From: _____

Number of Days Worked: _____ day(s) Number of Days Absent: _____ day(s)

Name of Bank: _____

Branch: _____

Branch Address: _____

Bank Account No.: _____

Signature Date: _____ / _____ / _____
dd/mm/yy

II. CERTIFICATION BY SCHOOL

Name of Substantive Teacher (Vacancy) : _____

Reason for Vacancy: _____

Subject Area: _____

Certified By:

Principal / Vice Principal/ Senior Teacher

Name: _____

Name in Block Letters

Signature

Date: _____ / _____ / _____
dd/mm/yy

Place School Stamp Here

III. FOR HUMAN RESOURCE USE ONLY

Certified By:

Director, H.R./SHRO: _____

Name in Block Letters

Signature Date: _____ / _____ / _____
dd/mm/yy

* All fields **MUST** be completed in order to process payment.