

 **RAPPORT DE SUPPLÉANCE**

 **(ENSEIGNANTE OU ENSEIGNANT)**

**PÉRIODE DU :** **AU :**

Nom:       Prénom(s):       Numéro de l’école:

 [ ]  Suppléance + 20 jours **101012**  [ ]  Suppléance dépannage **101506**  [ ]  Suppléance taux fixe + 4% 101004 [ ] Enseignante ou enseignant en disponibilité

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|  **Réservé à l’administration** |  |  |  |  |  |  |  |  |  |  |  |  |
|  **Code de** **paiement** |  **Emploi** | **An** | **Mois** | **Jour** | **Enseignante ou enseignant remplacé** | **N.A.S.** | **Motif obligatoire** | **Sec­teur** | **Nb minutes****Cours et leçons** | **Nb minu­tes****Autres** | **Taux** | **Montant****payé** | **Code****budgétaire** |
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**Secteur:**  Préscolaire Primaire Secondaire général Ens. professionnel E.H.D.A.A. primaire E.H.D.A.A. secondaire Éducation des adultes

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Signature de la suppléante ou du suppléant Date Signature de la directrice ou du directeur Date