INCREASE IN HOURS FORM

|  |  |
| --- | --- |
| **CONSULTANT** |  |
| **DATE:** |  |

|  |  |
| --- | --- |
| Total Number of Educators under you: |  |
| Current Consultancy Hours per week: |  |
| Proposed consultancy hours per week: |  |

CURRENT EDUCATORS INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| # | Current Educators Names | Number of days operating per week | Confirmed  Number of children in care per day |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |

NEW EDUCATORS COMING ON INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | NEW Educators Names | Proposed Start Date | Number of days operating per week | Number of children in care per day |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY** | | |
| Approved: | YES | NO |
| Reason: | | |