

APPENDIX H-2 – OPTIONAL DAY FORM *revised 16*

Directions: Complete and return to your building principal for payment.

The optional days each consist of **seven (7) hours** and may not be part of the regular workday.

VERIFICATION OF ADDITIONAL TIME WORKED

I, _____ verify that I have fulfilled the conditions of working optional time which recognizes additional time performed beyond the contracted basic education work year and work day, all in accordance with the Collective Bargaining Agreement between the Toppenish School District and the Toppenish Education Association.

Indicate work performed here and on the attached form (**check all that apply**).

- _____ Working on approved student activities
- _____ Attending approved workshops, in-services and classes
- _____ Class preparation for special projects
- _____ Approved planning for instruction, data and assessment with other staff members
- _____ Home visits of students (notify principal prior to visits)
- _____ IEP/MDT preparation/meetings
- _____ Other by administrative approval (Please specify in the activity column below.)

This section must be completed.

Date	Activity	Time Began	Time Finished	Total Hours	Employee's Initials

Teachers' Signature

Date

Administrative Signatures

Approved for payment

Principal's Signature

Date

Asst. Superintendent of Human Resources

Date

Denied by principal—Reason for denial: _____

Denied by Asst. Superintendent —Reason for denial: _____

All time must be submitted within sixty (60) days of completion. Will be paid no sooner than the October payroll.

FOR PAYROLL USE ONLY:

(Base Contract) _____ %	Hours _____	x Rate _____	= \$ _____	(Amount)
(Base Contract) _____ %	Hours _____	x Rate _____	= \$ _____	(Amount)
(Base Contract) _____ %	Hours _____	x Rate _____	= \$ _____	(Amount)

APPENDIX H-3 – PERSONAL RESPONSIBILITY PAY VERIFICATION FORM

I, _____ verify that I have fulfilled the conditions of the Personal Responsibility Pay, working the hours beyond the contracted basic educational work year and work day.

Appropriate work for the above hours may include, but are not limited to:
(check appropriate activities)

- Pre and post workday/work year preparation for opening and/or closing school,
- Conferences and open house with parents,
- Student mentoring and academic tutoring,
- Classroom preparation and lesson planning.
- Preparation for special projects related to instruction,
- Joint planning of instruction, data and assessment with other staff members,
- Home visits of students,
- IEP preparation/meetings, and,
- Other activities directly related to instructional responsibilities within the District.

All activities are in accordance with the Collective Bargaining Agreement between the Toppenish School District and the Toppenish Education Association.

Signed: _____ Date: _____
TEA Member

Administrative Authorization: _____
Building Principal

Asst. Superintendent of Human Resources

Date: _____ Acct. Number: _____

DUE BY: June 1st