## APPENDIX H-4 – SUPPLEMENTAL (OPTIONAL) PAY VERIFICATION FORM MIDDLE SCHOOL ONLY

						SCHOOL YEAR	<u> </u>
I, Contract follows:	t, working the hours bey	verify yond the contra dle School	acted b	asic educ	ational wo	nditions of the Su ork year and work	pplementa ‹ day, as
workday parents, preparat member my instru Bargaini Toppeni	iate work product for the /work year preparation student mentoring and tion for special projects is, home visits of studen uctional responsibilities ing Agreement (Article \ sh Education Association	for opening an academic tuto related to instruct, IEP preparwithin the Distruct, Section 2, April 2001.	nd/or clooring, <u>cl</u> ruction, ration/m trict. Al A.1.) be	osing scholassroom plans in pl	preparation of instance of the control of the contr	rences and open on and lesson pla struction with oth activities directly cordance with the sh School District	house wit unning, er staff related to e Collectiv t and the
Signea:	<u>.</u>			Date:			_
Administ	trative Authorization:	Exec. Directo	or of Pers	sonnel & HR	<u> </u>	Date	
Date	Activity		Time Began	Time Finished	Total Hours	Employee's Initials	
							-
							1
							-
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							1
							-
							-
Please retu	 urn to the Personnel Departn	nent by: June 20	j <sup>th</sup> .				_
	YROLL USE ONLY:						
	x Rate	= \$					
	x Rate		<del>, _</del>	Account Number			

Toppenish Agreement 2013-2016

## APPENDIX H-2 - OPTIONAL DAY FORM, cont.

Data	A 045-14-	Time	Time	Total Hours	Employee's Initials
Date	Activity	Began	Finished		
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	TOWANGE CO.				