



To complete this form electronically,  
it must be opened in *Adobe Reader!*

## Certificated Staff - Verification of Additional Time & Responsibilities

2019 - 2020

Employee Name

**Directions: Fill out all sections (page 1 & 2) and return to your Building Administrator by June 18, 2020.**

Per Article V, Section 8, of the Collective Bargaining Agreement, the basic salary schedule pay covers 180 days of service annually. In addition to the 180 days compensation, all certificated employees will receive compensation for additional time (59 hours) and responsibility per supplemental contract. This compensation will be based upon each employee's placement on the TRI supplemental salary schedule and FTE status. Payment for the TRI supplemental schedule is paid in twelve equal monthly payments, September through August and prorated for FTE. **All supplemental time and responsibility hours are outside of the normal school day, current assignment, and exclude paid activities.**

### Section 1 Additional Days - 4 Full Days or 28 Hours

Employees may use appropriate leave if they are unable to attend full-day activities.

District/Building Directed Days (7 hours each)	Attended	Did Not Attend Used Leave	Did Not Attend Leave Without Pay
August 27, 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 28, 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 29, 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>On-Site Staff Directed Day (7 hours):</b>			
Secondary - January 27, 2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary - October 16 and March 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Employee Verification

\_\_\_\_\_  
Supervisor Verification

### Section II Professional Learning (31 Hours) - See Article V, Section 8, B for Details

**17 Hours - Principal-Directed Professional Learning** - (Activities include, but are not limited to: curriculum development, building-level goals, instructional practices, district workshops, building workshops, and additional PLC time.) Employees who are unable to attend Principal-directed time will be provided make-up opportunities that are mutually agreed upon with the Principal. Make-up time must be completed by May 31, 2020.

Date(s)	# of Hours	Activities

\_\_\_\_\_  
Employee Verification

\_\_\_\_\_  
Supervisor Verification

**12 Hours - Staff-Directed Professional Activities** - This includes District workshops, ESD workshops, professional conferences, up to four (4) hours of work on evaluation, or other supervisor-approved activities.

Date(s)	# of Hours	Activities

\_\_\_\_\_  
Employee Verification

\_\_\_\_\_  
Supervisor Verification

**2 Hours - Safe School Training**

\_\_\_\_\_  
Employee Verification

**Section III - Professional Responsibilities** - See Article V, Section 8, B for details

**Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preparation for school opening                 | <input type="checkbox"/> Workshops, classes, conferences, seminars              |
| <input type="checkbox"/> Conferencing with parents                      | <input type="checkbox"/> Work connected with the conclusion of school year      |
| <input type="checkbox"/> Providing individual help to students          | <input type="checkbox"/> Evaluating student work                                |
| <input type="checkbox"/> Preparation and revision of materials          | <input type="checkbox"/> IEP and Section 504 meetings                           |
| <input type="checkbox"/> Researching educational materials and supplies | <input type="checkbox"/> Working with computers/technology related to education |
| <input type="checkbox"/> Attending evening meetings/activities          |   |

\_\_\_\_\_  
Employee Verification

I certify that the information given above accurately verifies the District-directed days I worked as specified in the Arlington Education Association Collective Bargaining Agreement and I have completed professional responsibilities beyond the contracted work day or work year. Supporting documentation of hours and days spent, or the pro-rata number of hours, has been retained and is available upon request.

Employee Name

Building

Date

\_\_\_\_\_  
Employee Signature

Date

\_\_\_\_\_  
Supervisor Signature