

# 2021-2022 Teacher Quality Professional Development Request

Additional Hours Beyond Contract

Name: \_\_\_\_\_

Last 4 # of SSN: \_\_\_\_\_

Hours Requested: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

**DIRECTIONS:**

1. Mark the following: Building, Individual, or District Plan (*step 1*)
2. Get an approval signature from building principal (*step 1*)
3. Retain form after the approval until hours are completed
4. Return this same form to Central Office with all required signatures, calculated hours & payment code (*step 2 & 3*)

<b>Building:</b> ( <i>check one</i> )		Anson	Fisher
		Franklin	Hoglan
		Lenihan	Miller
Central Office		Rogers	Woodbury
		MHS	MLA

**STEP 1: TEACHER QUALITY PROFESSIONAL DEVELOPMENT APPROVAL REQUEST**

**Building Plan (TQ BLDG):**

- This request for TQ Funded PD is directly related to the IPDP.  
 Additional paperwork may be attached if necessary.

**Individual Plan (TQ IND):**

- This request for TQ Funded PD is directly related to the IPDP.  
 A copy of the mutually agreed upon Individual Assistance Plan is attached.

**District Plan (TQ DIST):**

- This request for TQ Funded Professional Development is directly related to the District Initiatives below.  
 Additional paperwork may be attached if necessary.

**District Plan**  
(*check one*)

	SIOP	IDM/RTI/MTSS	SEL/TIC
	PBIS	Specialized Group Plan	
	Other – (specify)	PLC	

**Signatures if Approved:** (If more than one building is involved, only one principal needs to sign.)

Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_      Teacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPEAL PROCESS** (To be completed by building Principal)

Please provide a brief description if this request was denied:

**Signatures if Denied:** (If more than one building is involved, only one principal needs to sign.)

Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_      Teacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TEACHERS:** Please contact your building TQ Representative if you would like to appeal this decision to the TQ Committee

**STEP 2: TEACHER QUALITY PROFESSIONAL DEVELOPMENT REQUEST FOR PAYMENT**

I completed the approved project on this date \_\_\_\_\_ and request payment for \_\_\_\_\_ hours at my creative rate.

**Signatures:** Teacher \_\_\_\_\_ Administrator \_\_\_\_\_  
 Director of Instruction (only needed if District Plan) \_\_\_\_\_

**STEP 3: COMPLETED BY BUILDING ADMINISTRATOR**

<b>Type of Request:</b>	District (043)		Creative Rate per Hour:	
(Check one)	Building (044)		Hours Completed:	
	Individual (045)		Actual Dollars Encumbered:	
<b>Payment Code:</b>				