

2019 - 2020 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)*

Building: <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

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