

WENATCHEE SCHOOL DISTRICT

VERIFICATION OF ADDITIONAL TIME WORKED

I, _____, verify that I have fulfilled the conditions of the
(Print Name)
 optional day which recognizes additional time performed beyond the contracted basic education work
 year or work day.

Indicate hours and date worked, not to exceed one day of your contracted FTE hours.

	Hours	Date
Conferences with parents beyond those required.		
Professional growth team.		
Tutoring.		
Evaluating student work.		
Attending workshops, in-services, and classes outside of contract day.		
Preparation of materials and/or lesson plans.		
Planning instruction with other staff members.		
Attending building and district meetings and programs such as PTA, orientations, graduations, etc.		
WASL prep.		
Before and after school tutoring.		
Student learning plans.		
Other (Please describe) _____		

Total Hours (cannot exceed 7.5 or contracted FTE whichever is less) _____

Certificated Employee Signature **Date**

Administrator's Signature **Date**

*Payment for this additional time worked will be paid in June,
 except timesheets turned in after June 10th will be paid in July.*

For Payroll Use Only									
L43									
Type	Freq	Aebx	Account Code			L & I	Rate	Hours	Date
26	01	A				613			
26	01	A				613			
26	01	A				613			
	01	A				613			