

2022-2023 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 *steps 2 & 3*)

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

STEP 1: TEACHER QUALITY PROFESSIONAL DEVELOPMENT APPROVAL REQUEST

Building Plan (TO BLDG):

_____ This request for TQ Funded PD is directly related to the IPDP.

_____ Additional paperwork may be attached if necessary.

Individual Plan (TO 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 (TO DIST):

_____ This request for TQ Funded PD is directly related to the District Initiative below.

_____ Additional paperwork may be attached if necessary.

District Plan (<i>check one</i>)	NIET	MTSS	SEL
	PBIS	PLC	Specialized Group Plan
	Other - (specify):		

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

Administrator _____ Teacher _____
 Signature Date 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 _____ Teacher _____
 Signature Date 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: (Check one)	District (043)	Creative Rate per Hour:	_____	
	Building (044)		Hours Completed:	_____
	Individual (045)		Actual Dollars Encumbered:	_____
Payment Code:		_____		