

CERTIFICATED COLLEGIAL TIME SHEET

EACH EMPLOYEE SHALL DOCUMENT A MAXIMUM OF 8 HOURS (OR PRO-RATED HRS PER THEIR FTE)
**RETURN FORM TO HUMAN RESOURCES DEPT. AS SOON AS ALL HOURS ARE COMPLETED & YOUR
 PRINCIPAL/PROGRAM ADMINISTRATOR HAS SIGNED**
 FORMS MUST BE RECEIVED NO LATER THAN JUNE 30, 2012.
PLEASE COMPLETE IN INK (NO WHITE OUT OR PENCIL)

1. Employee Name: _____ FTE _____ School/Department: _____
Please Print
- Employee Signature: _____ **BUDGET CODE #: 0160-27-2900-000-0000-0000**
2. Please **give a brief description of the collegial work you completed on the back** of this form.

MEMORANDUM OF UNDERSTANDING

For the 2011-12 school year, the District shall offer each employee eight (8) hours of optional additional paid time for collegial work. This time shall be paid at the per diem rate of pay and pro-rated by FTE. The funds to support this time shall be reserved by the District in its general fund budget to support collegial work. Plans for the use of this time shall be shared with the building administrators. The use and scheduling of this time shall be within the discretion of the collegial teams, as long as the time is used to:

- (a) focus on learning,
- (b) develop result-oriented team goals,
- (c) incorporate the regular collection and analysis of performance data into their work; and or
- (d) develop and implement interventions to support student learning.

Please indicate, on the form below, the dates and specifics of your collegial activities.

Pay in accordance with applicable bargaining agreement

DATE WORKED Mo/Day/Yr	COLLEGIAL ACTIVITY (e.g. PLC Group)	(Please indicate the names of colleagues with whom you worked)	# OF HOURS WORKED on this date	TYPE OF COLLEGIAL WORK PER #3 ABOVE Circle all that apply to your use of collegial time.
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Pay requests are due in the Payroll Office by the 5th of the month in order to receive pay at the end of the month. It is recommended that employees take a copy of this timesheet for their own records prior to submitting for pay.

(2) Brief Description of your Collegial Work:

Approval: _____
Principal or Program Administrator Signature

Date: _____

Approval: _____
Position Control: Signatures

Date: _____

