



Teacher Directed Form

Employee Name: _____

Building Location: _____

My work day begins: _____ **and ends:** _____

| Date | Start Time | End Time | Total Hours | DESCRIPTION OF ACTIVITY |
|------|------------|----------|-------------|-------------------------|
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All staff will receive 7.5 hours (one full day) of Teacher Directed time, regardless of FTE to support professional development, which is chosen at the employee's discretion. The professional development must be relevant to the employee's assignment, renewal of certification, pursuit of an additional degree or certification to a possible future assignment of the employee and not already paid for by the District.

1. It is your responsibility to submit this form **directly** to the Payroll Department via email, in-person or by printing and sending through the inter-district mail. (Signature not required by Administrator)
2. This time must be performed **outside** of your contracted work day
3. Completed Forms **must total 7.5 Teacher Directed Hours (regardless of FTE)** in order to receive payment. Partial payments will not be processed.
4. Forms received by the **5th business** day of the following month will be issued payment in that month.
Example: I completed 7.5 TD hours on Saturday, October 7, 2023 and submitted my completed form by November, 7, 2023. I will receive payment for 7.5 hours with November payroll.

I certify the above is an accurate record of the time worked during this period:

Date _____

(Electronic) Employee Signature

Payroll Use Only

Account Code: _____

Hours 7.5 X Hourly Rate \$ _____ = \$ _____

Date Paid _____

Total Payment