

PLC/Collaborative Team Participation *Request for Payment*

Name: _____

Date: _____

Teaching Assignment (elementary grade level or secondary discipline): _____

School: _____

Contract Hours: _____

	Hours Available	Hours Completed	
First Term-	Opening Institute PD, 3 hrs.	_____	
	Monday Stay Late, 7 hours	_____	
	End-of-term PD, 3 hours	_____	
			Term Total: _____
Second Term-	Monday Stay Late, 8 hours	_____	
	End-of-term PD, 3 hours	_____	
			Term Total: _____
Third Term-	Monday Stay Late, 7 hours	_____	
	End-of-term PD, 3 hours	_____	
			Term Total: _____
Fourth Term-	Monday Stay Late, 9 hours	_____	

			Term Total: _____
			Year Total: _____

The number of "Hours Completed" on the above form reflect the number of hours I severed beyond my contract time and within the allowable number of hours available for payment.

Teacher Signature: _____

Date: _____

I have reviewed this application and the PLC/Collaborative Team Attendance Records for the sessions marked for payment and verify their validity.

Principal Signature: _____

Date: _____

For District Office Use Only: _____
