Certificated Optional Days Claim Form

WOODLAND Public Schools
Where Community & Learning Connect

Employee Name: _____
(Print)

Date Worked	Hours Worked (Circle One)		Activities that Support Student Learning•:
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
	3.5	7	
TOTAL HOURS			

I certify that the foregoing is an accurate and true statement of hours worked per Section 3.2 of the CBA.

Employee Signature:_____ **Date:** _____

Supervisor Signature: _____

• Employees shall have sixteen (16) optional days (prorated for Employees with less than 1.0 FTE) for activities that support student learning as planned and determined by the individual employee. These individually determined optional days shall be worked in full or half-day increments on non school days or after the employee workday on school days. Activities that support student learning which fall outside the basic contract include attendance at classes or conferences, professional research, piloting and implementing new instructional materials, development of cooperative or common assessments, implementing content and skills from professional development opportunities, implementation and assessment of supplemental curricular resources, data gathering, analysis and reporting, and planned activities to increase family engagement with the school's curriculum (e.g. Math Night).

For Business Office Use:

Acct. Code:	$	Date Rec'd:	By: