

General Education Teachers, Special Education Teachers, and Related Services Providers

This document is to be used for the amount of time spent in **MANDATORY meetings BEFORE and/or AFTER YOUR DUTY DAY**, during each school month (duty day is defined in the TALB contract, Article V - Days and Hours of Employment). At the closing of **each school month** submit this form electronically to your site Principal for signature. Documented meetings need to be verified by the administrator/designee present at the meeting. The Principal will need to electronically approve this form. Once signed (each page) principal or office supervisor can submit (via email) to the Executive Secretary at the Office of School Support Services (Special Ed) for processing.

*** KEEP A COPY FOR YOUR RECORDS* *INCOMPLETE FORMS WILL DELAY PROCESSING***

**** ELIGIBLE MEETINGS: IEP, SST, DEPARTMENT MEETING, PATHWAY MEETING, GRADE LEVEL MEETING, STAFF MEETING ** ** MULTIPLE SITE EMPLOYEES MUST COMPLETE A SEPARATE FORM FOR EACH SCHOOL SITE ****

REMINDER: Email to Barbara Palafox and CC: principal, employee submitting form and office supervisor (if applicable)

NAME (PAYROLL): _____ ID# E _____ TITLE: _____ SITE: _____
 BELL SCHEDULE: _____ MULTIPLE SITES: _____ IF YES, SELECT SITE: _____ LEVEL: _____

DATE	MEETING TYPE	DISTRICT PERSONELL OVERSEEING MEETING ** PROVIDE NAME (i.e. Principal, Case Holder,	START TIME HRS:MIN	END TIME HRS:MIN	TOTAL TIME HRS:MIN
SUB TOTAL TIME (HRS:MIN)					
4 HRS (240 minutes) - MANDATED MEETINGS (includes multiple site)					
TOTAL TIME COMPENSATED					

Site required meetings not listed under meeting type and exceed the 4 (four) mandated meeting hours will be paid by the site/department.

Principal Signature: _____

Date: _____

PAGE ____ of ____