2011-2012
SUPPLEMENTAL DISTRICT WORK FORM

Name _____

School _____

Date	Work Provided	Hours	Approval
Total			

*Per 2011-2012 Contract - In lieu of two furlough days 12 hours of voluntary supplemental work is due from all retirees, Step AC and frozen teachers.

Please deliver to Dr. Connolly when 12 hours have been documented and signed off by teacher and administrator.

Teacher Signature _____

Date _____

Administrator Signature _____

Date _____