

**CURRICULUM WORK APPROVAL STEPS BEFORE WORK IS STARTED:**

1. Principal communicates and shares summer work opportunities, expectations, requirements and the Action Planning Sheet under Section 5.5 of the CBA (page 2).
  2. Teachers/Teams interested in said work complete the Action Planning Sheet and submit to their building principal.
  3. Principal reviews and notifies the teacher/team of approval or non approval.
  4. If approved, the Principal attaches the action plan to the DO Summer Work Form and submits it to the Superintendent for final review and approval or non approval.
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**AFTER SUMMER WORK IS COMPLETED:**

5. Teacher provides an update to the principal with completed products and provides a final signature statement of completion.
6. Principal sends final statement of completion with signatures to District Office,  
**Attention: Alyson Kinney.**



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**CURRICULUM SUMMER WORK ACTION PLANNING SHEET**

Name of Teacher(s)	1.
Grade Level or Department	
State the purpose of your summer work and explain the anticipated impact of this work on student learning:	
Identify your anticipated outcomes and the products that will be completed as a result of the summer work time:  <i>Be specific: (i.e. 3 Proficiency Scales for Math or 1 Curriculum Map for Algebra I)</i>	
Anticipated number of days for work:	
Explain the action steps you (and your team) will take to achieve the outcomes listed above:	1.

SECTION 5.5 Summer Stipend - Staff assigned or approved to individualized curriculum or program work.

Summer Stipend

Staff assigned or approved to individualized curricular or program work will be compensated at a daily rate of \$150 (6 hours of work).



**SUMMER WORK PROPOSAL/APPROVAL FORM**

PRINCIPAL NAME	
TEACHER NAME	
NUMBER OF DAYS REQUESTED FOR EXTRA PAY	
PURPOSE OF WORK	
DATE SUBMITTED	
PRINCIPAL SIGNATURE	
TEACHER SIGNATURE	
TEACHER PAY RATE \$	\$25 PER HOUR (6 HOURS PER DAY)
SUPERINTENDENT APPROVAL	
IF DENIED, REASON FOR DENIAL	

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AFTER THE WORK HAS BEEN COMPLETED PLEASE BE SURE TO RETURN THIS FORM TO **ALYSON KINNEY** AT THE DISTRICT OFFICE, WITH PRINCIPAL SIGNATURE AND TEACHER SIGNATURE.

I certify that I completed the work defined above.	Teacher Signature	Date
I certify that the teacher has completed the work as specified and per the requirements of the professional agreement.	Principal Signature	Date

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