

Appendix D

CLASSIFIED PROFESSIONAL DEVELOPMENT DAY REQUEST FORM FEDERAL WAY PUBLIC SCHOOLS

THIS FORM MUST BE PROPERLY COMPLETED AND RECEIVED BY THE LAST WORKING DAY OF THE MONTH TO BE PAID IN THE FOLLOWING MONTH'S PAYROLL. INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTIONS OR COMPLETION BEFORE PROCESSING AND MAY NOT BE PAID IN THE FOLLOWING MONTH.

Forward all copies of this form to Human Resources for processing
TO BE COMPLETED BY EMPLOYEE **PLEASE PRINT LEGIBLY**

BARGAINING UNIT (Please check one):

Employee's First and Last Name	<input type="checkbox"/> ESP	<input type="checkbox"/> PROF-TECH
Employee's School/Building Location	<input type="checkbox"/> PSE	<input type="checkbox"/> IUOE
Number of Hours Assigned Per Day: _____		

The above-mentioned class meets all requirements set forth by the District as an approved class/workshop.

Administrator's Approval Signature _____
Date

1. COURSE TITLE/CONTENT (CLASS OR WORKSHOP MUST DIRECTLY SUPPORT EMPLOYEE'S JOB DUTIES): _____

2. EXPECTED OUTCOME: _____

3. (DATE(S): _____ LOCATION: _____
4. TOTAL HOURS ATTENDED: _____ # Days Requested: _____

If stacking hours, check here. All stacked request forms must be turned in together, stapled in the left-hand corner.

Total hours submitted should equal a multiple of the employee's workday. If the employee desires payment for a partial day, he/she must acknowledge loss of the remaining hours in that day here: _____ (initials)

(To be completed at the conclusion of program)

Verification Signature of Presenter/Instructor _____
Date

DO NOT WRITE BELOW THIS LINE

DAYS AVAILABLE TO: ESP, PSE, IUOE – 3 days, PROF-TECH – 2 day only

Total Days Paid This Date ____ / ____ **Assigned hours** **Total Remaining Days to Be Claimed** _____

PSE - CK TRN PARA ED ESP IUOE PROF TECH **ACCT #** _____ 88000-364

_____ _____
 Payment Authorization Date

Note: If you wish a copy, please make a photocopy of the form before sending it to Human Resources.
 Form 147 08/02

INSTRUCTIONS FOR COMPLETING FORM

Top box: The employee must print their name legibly, indicate their location, and check the box corresponding to their bargaining unit. If an employee is a member of more than one bargaining unit that provides optional days, they must indicate which bargaining unit the optional days should be charged against.

Second box: Prior to attending the workshop/class or participating in the activity, the employee must receive approval from their immediate supervisor. The class must meet the requirements of an approved class/workshop.

The employee should also indicate the number of hours they are assigned to work per day. This is the amount of hours they will be paid per optional day (the employee's workday).

The employee should complete sections 1-3 prior to requesting the immediate supervisor's approval.

1. Once a course title has been registered with HR, it cannot be used again. Therefore, if the employee is (e.g.) attending a series of lectures, they should apply for attendance at all of the sessions on one form; this should be held and submitted for payment to Human Resources only after the last session has been attended; if they submit an optional day request for the first session only, they will not be allowed to claim the same course title on later forms.
2. Indicate what the employee feels will be the expected outcome of attending this course or participating in this activity.
3. The date(s) of the course/activity, and where it was conducted.
4. "Total hours attended" should equal a multiple of the employee's workday (see above), and "# of days requested" should be the number of optional days the employee is claiming. PROF-TECH employees may claim two (2) days; ESP, PSE and IUOE employees may claim three (3) days.

If the hours on an individual form do not equal a multiple of the employee's workday, it may be "stacked" with another form. If stacking with another form, please check the appropriate box and staple the forms together.

If the employee wishes to claim less than a full workday, they may do so by initialing in the appropriate space. The employee will be paid only for the hours claimed, but an entire optional day will be credited, and the employee will not be able to claim the lost hours later.

If the hours on individual or stacked forms do not equal a multiple of the employee's workday, and if the employee has not acknowledged loss of unclaimed hours in the appropriate space, the form will be returned to the employee's location unprocessed.

5. The class/workshop presenter or instructor must sign the form verifying that the employee attended. This signature must be dated on the date of the activity or later.

A copy of the completed form will be returned to the employee's location after it has been processed for payment. If any portion of the form is incomplete, contains an error, or is illegible, it will be returned to the employee's location unprocessed. It is the responsibility of the location and/or employee to make the corrections or changes and return to Human Resources. This may result in a delay of payment to the employee.

Further explanation of the employee's professional development requirements and usage can be found in the appropriate unit's collective bargaining agreement.

RECEIPT OF THE OPTIONAL DAY FORM IS WHEN IT IS RECEIVED IN THE HUMAN RESOURCES DEPARTMENT - NOT WHEN MAILED FROM THE EMPLOYEE'S LOCATION OR GIVEN TO ANOTHER PERSON, OTHER THAN HUMAN RESOURCES. IT IS ADVISABLE TO HAND DELIVER TO HUMAN RESOURCES IF NEAR THE MONTHLY DEADLINE.