

BELLINGHAM PUBLIC SCHOOLS
Bellingham, Washington

VERIFICATION OF EXTENDED WORKDAYS

Employee (*Please Print Legal Name*) _____

Location _____ Date 2009-10 School Year

As provided for in the current Bellingham School District/Bellingham Education Association Collective Bargaining Agreement, certain certificated staff positions receive supplemental contracts for extended days beyond their 181-day basic contract and additional paid workdays contract. Employees will be compensated prorated in the same ratio that their service bears to full-time service.

The State Auditor's Office and the Attorney General's Office require an individual record be maintained for these extended workdays. Hours claimed for these additional workdays must be beyond those required under the basic contract (181 days/7.5 hours per workday per 1.00 FTE) or otherwise compensated.

If you are a part-time employee or are contracted for less than a full 181-day contract, the Human Resources Department will provide you the information regarding the number of hours for this additional time. If there are questions, please contact Maris Holmgren in Human Resources at 676-6478 to assist you in calculating the number of hours you will need to work and document.

Extended Days

The following certificated staff positions receive supplemental contracts for extended days beyond their 181-day basic contract and additional workdays contract, as follows:

Please check the appropriate box to indicate your position:

- Three (3) additional days at per diem
 - High school librarian
 - Middle school counselor
- Four (4) additional days at per diem
 - Occupational/physical therapist
 - Elementary support specialist
 - Psychologist
 - Special education teacher
 - Nurse
 - Speech language pathologist
- Five (5) additional days at per diem
 - High school counselor
 - Eight (8) additional days at per diem
 - High school counselor

Dates	Hours	Work Performed
Total Hrs.		Days/hours prorated by FTE

I certify the above hours were worked as recorded and were beyond those required under my basic contract.

Employee Signature _____ Date _____ Supervisor Approval _____

This documentation must be submitted to the building or department administrator by June 30, 2010. Failure to report and document the number of days/hours required will result in a deduction from the employee's August 2010 paycheck.

Please make a copy of this completed form and retain for your records