

BELLINGHAM PUBLIC SCHOOLS  
Bellingham, Washington

**PROFESSIONAL RESPONSIBILITY STIPEND VERIFICATION**  
**2009-10 Contract Year**

Name of Certificated Employee \_\_\_\_\_  
*Please print legal name*

*In order to meet audit requirements for verification of additional responsibilities performed for the additional compensation paid, please indicate by signature below you have performed the additional duties for which you have been offered/paid compensation as noted. If you do not submit it, we are not in compliance with state requirements, and we will withhold the payment of your Professional Responsibility Stipend.*

**Professional Responsibility Stipend**

I certify that I completed duties in accordance with my supplemental contract for the Professional Responsibility Stipend. These duties will have included work in each area below:

- preparation of the classroom or workspace before, after, and during the school year for quality instruction or support of instruction;
- building activities outside of the workday, such as fall and spring open houses, curriculum nights, parent education nights, school and community functions, and concerts;
- self-reflection, goal setting, and related professional growth activities such as workshops, classes, conferences, seminars or research projects;
- grade level, department, building, job-alike and/or District committees, task forces, processes, and activities; and
- fulfillment of basic contract expectations that may fall outside the regular workday such as the planning of instruction and curriculum, the evaluation of student work, the preparation of student assessments, the preparation of summative progress and grade reports for timely distribution, IEP and Section 504 meetings, and communicating with parents and students.

\_\_\_\_\_  
*Employee Signature/Date*

\_\_\_\_\_  
*Supervisor/Principal Signature/Date*

**See Reverse for Verification of Additional Paid Workdays Form** ⇨⇨⇨