School Related Professionals Summer Work Day <u>Prior Approval and Verification Form</u>

Name:		
Date:		
All paraprofessionals, school nurses prorated for part-time employees), a Principal. This work should be closel However, there may be times during complete section I before scheduling day. It is the responsibility of the SR submitting a completed form to a Pr 1. I. Prior Approval: Please subm	es specified in the PDTA contract, with a specified in the SRPs school year dug the summer when clerical work cangethe summer work day, and then see P to submit this form to the Principal incipal will be given to the Human Reference.	th prior approval from the ties whenever possible. be approved. Please be sure to ction II subsequent to the work I. Names of SRPs not
<u>Activity</u>	<u>Date(s)</u>	Principal's Signature
Summer Work Day		
II: Completion:		
<u>Activity</u>	Date(s)	Principal's Signature
Summer Work Day		
SRP Signature:		Date:

Original to Principal SRP should retain a copy for their records