

Submission for Reimbursement
for **Attending 2 Additional "Evening Events"**

PAY RATE \$56.00/per evening event

Name _____

Employee ID # _____

Location: _____

Date: _____

Date	Time of Event	Purpose	District Account Number (authorized by an administrator)
1.			Not Paid
2.			Not Paid
3.			
4.			
5.			
6.			

ARTICLE VI – Teaching Hours and Class Load

*F. The Board and the Association agree that there will be a mutual effort to assure that teachers will participate in evening activities which are sponsored by the school, parent, or student groups. To that end, teachers may be required to attend two (2) evening events per year [curriculum night(s)]. **If teachers are requested to attend any additional evening events for the primary purpose of performing professional duties, and agree to do so, they will receive compensation for two-hours at the curriculum rate.***

TOTAL REIMBURSEMENT____: \$____@ \$56/event=_____

Principal's/Supervisor's Signature _____