OFFICE OF PSYCHOLOGICAL SERVICES

EXTENDED TIME DOCUMENTATION

2020 – 2021

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each school psychologist will document their extended contract days, 60 hours total on this form. Completed work should be in accordance with the extended time MOU. This form should be completed and returned to the Office of Psychological Services Attention: pay roll, upon completion of hours and no later than June 15, 2020.

Documented time must be outside of the school day. A minimum of two hours documented at one time is preferred, and nothing less than one-hour increments will be accepted. If approval was sought for a documented activity, please note it, or attach the approval. Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE START TIME/ TOTAL DESCRIPTION OF WORK COMMENTS APPROVAL NOTE OR

END TIME HOURS COMPLETED SIGNATURE IF NEEDED/

AVAILABLE

TOTAL HOURS SUBMITTED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

By signing this document, I verify that time was completed by me, in accordance with the MOU.