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

Name:		
Date:		
the summer, as specified in the PD be closely aligned to the SRPs school during the summer when clerical was cheduling the summer work day, a of the SRP to submit this form to the	es, health office assistants and tutor TA contract, with prior approval from olyear duties whenever possible. He work can be approved. Please be sure and then section II subsequent to the principal. Names of SRPs not submarkers of September 1.	n the Principal. This work should owever, there may be times to complete section I before work day. It is the responsibility mitting a completed form to a
I. Prior Approval:		
<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