

Support Staff
Noon Hour Supervision
Extra Curricular Supervision

School _____

School Year _____

Name _____

Noon Hour Supervision Minutes Worked

Extra Curricular Hours Worked (maximum 360 hours can be entered)

Noon Period Travel Minutes

Previous Year EDO Carried Forward (if applicable)

Please indicate total number of EDO's taken during the current school year

EDO's Taken (maximum of 3)

Indicate Actual Dates of EDO's Taken _____

EDO to be Carried forward to next school year (if applicable)

Support Staff Signature _____

Principal's Signature _____

Superintendent's Signature _____

Date _____

Noon Supervision, Extra Curricular Supervision and Noon Period Travel will need to be projected to the end of the current school year. EDO's taken will need to be projected to the end of the current school year.