

Teacher Noon Hour Supervision Extra Curricular Supervision Noon Period Travel
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School _____

School Year _____

Teacher _____

Please indicate time worked in each of the following categories:

Noon Hour Supervision Minutes

Extra Curricular Hours (maximum 360 hours can be entered)

Have you worked over 360 hours? Yes No

Please indicate travel minutes worked in the following category:

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 days - 4th day is only allowed if authorized by the Director of Education)

Indicate Actual Dates of EDO's Taken _____

EDO to be Carried forward to next school year (if applicable)
(Max. 2 days)

Teacher's Signature _____

Principal's Signature _____

Superintendent's Signature _____

Date _____

Part-Time Teachers Only	
Date EDO Taken	Percentage of day normally worked on the day the EDO was taken

* Please project all numbers and dates to the end of the school year.