

Number of Additional Paid Hours
CONTRACT, SECTION 9.14

Check One	1.0 FTE	.900 FTE	.800 FTE	.700 FTE	.600 FTE	.500 FTE	.400 FTE	.300 FTE	.200 FTE
<input type="checkbox"/> 6 release days	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> 5 release days	7.5 hours	6.75 hours	6 hours	5.25 hours	4.5 hours	3.75 hours	3 hours	2.25 hours	1.5 hours
<input type="checkbox"/> 4 release days	15 hours	13.5 hours	12 hours	10.5 hours	9 hours	7.5 hours	6 hours	4.5 hours	3.0 hours
<input type="checkbox"/> 3 release days and	22.5 hours	20.25 hours	18 hours	15.75 hours	13.5 hours	11.25 hours	9 hours	6.75 hours	4.5 hours
<input type="checkbox"/> 2 release days and	30 hours	27 hours	24 hours	21 hours	18 hours	15 hours	12 hours	9 hours	6 hours
<input type="checkbox"/> 1 release day and	37.5 hours	33.75 hours	30.00 hours	26.25 hours	22.5 hours	18.75 hours	15 hours	11.25 hours	7.5 hours
<input type="checkbox"/> 0 release days and	45 hours	40.5 hours	36 hours	31.5 hours	27 hours	22.5 hours	18 hours	13.5 hours	9 hours

* If choosing hours, please circle the amount for your time sheet based on your FTE. OR,

** If you want a specific substitute requested, you must list their name on this form

Preference for release days (dates and sub name)

Employee Name (printed)

Assignment (teacher, SLP, OT/PT, Psych)

Employee Signature

Building

Date

FTE

IMPORTANT: Please return this form to Special Services as soon as possible. ATTN: Donna Moran

