

## Staff Development In Lieu Of Form

Per FUDTA/FUSD Contract Article 22.2.2: "Unit members on Appendices A1 and A2 must attend the first three (3) hours of the staff development day immediately prior to the teacher workday at the beginning of the school year and the equivalent of fifteen (15) additional staff development hours. Unit members on Appendices A3 and A4 will adhere to the following: a. School Psychologists...".

If you are unable to attend any of the fifteen (15) hours of staff development days, complete this form PRIOR to attending alternate workshops, classes, or course work. Please note: If registration for a workshop was done using ERO, this form is not required.

## **Directions:**

- 1. Before attending an alterative activity or workshop, accurately complete all fields of the *In Lieu Of* form, including the signature of your Site/Department Administrator.
- 2. Attach activity/workshop flyer/printout (should include title, date, time, location, and brief description). For Webinars, please include the title, website, hours, and description.
- 3. Send all documentation to Human Resources for pre-approval.
- 4. Human Resources will notify you if your request has been granted. If approved, you may attend the workshop for hours credit.
- 5. Submit proof of attendance (Certificate of Completion, copy of the sign in sheet, email from event coordinator, or college transcript. Documentation must include the workshop title, date, and number of hours completed) in order to receive credit.

## **Activity/Workshop Guidelines:**

- Must occur between July 1st and May 1st.
- Must be relevant to your assignment/position in FUSD.
- Must be outside of the school day (this means no sub can be used).
- Cannot be funded or reimbursed by your school/department or the district (no stipends).
- Cannot be part of the additional 40 hours required by your school site.
- Cannot be part of a program that when completed will advance you on the pay scale (i.e. Master's or Doctoral

pros	gram).	, ,					
Approval Completed by Administrator	Approval Completed by HR	Activity/ Workshop Date	Time Start-End	Title of Activity or Workshop	Total Hours	Coordinating Organization	Funding Source
□ Yes □ No	□ Yes □ No						
□ Yes □ No	□ Yes □ No						
□ Yes □ No	□ Yes □ No						
Employee N	Jame:			Employee	ID #:		
School Site:				Subject/Grade:	FTE:		
Employee's Signature:				Date:			
			\$	Site/Department Administrator			
By signing b	pelow, you ar	re approving	and confirm	ning the following criteria.			
	•			sed by your site/department.			

- Employee will not receive a stipend for attending.
- Training is not part of the 40 hours required your site (*Principals only*).

Administrator Signature:	Date:					
Human Resources						
Signature:	Date:					