

2017 Summer Professional Work Proposal

Must be submitted by May 13, 2015

This completed form is to be submitted to the Assistant Superintendent for approval in advance of any work.

Staff Member Completing Form: _____ School/Position: _____

Define Objective and Scope of Project (may attach separate sheet):
--

This project is in relation to (check all that apply):

___ MA Standards ___ District Strategic Plan ___ Dig Learning Plan ___ SIP ___ DESE Requirement

Name of All Participants (including person completing this form)	Position	School	Signature <i>(Participants who are listed in this proposal are asked to sign it indicating their full knowledge of the proposal and their intention to take part in the project for the time specified.)</i>

Date(s)	Time(s)	Location(s)

***Total Cost of Proposal (# participants x # of days x \$150) =**

A full day consists of a 6 hour day including a ½ hour lunch.

Due to budgetary restrictions, all summer work must occur on the dates identified in this proposal.

Staff Member/Facilitator Signature: _____ Date: _____

*In order to receive payment, the attendance and sign in sheet must be submitted to the Assistant Superintendent and final product submitted to the appropriate Coordinator upon completion.

Coordinator Signature for Approval: _____ Date: _____

Principal/Designee Signature for Approval: _____ Date: _____

Assistant Superintendent Approval: _____ Date: _____

Comments: