



Appendix V - DCPS ADMINISTRATIVE PREMIUM PAY AUTHORIZATION

School Name: \_\_\_\_\_

**Eligible Activity:**

- Summer School
- Afterschool Program
- Class Coverage/ Loss of Planning Period-Loss of Lunch Period
- Exceeding IEP Case Manager Limit
- Compensatory Education
- Enrichment/Tutoring
- Additional School Time Programs
- Teaching & Learning Curriculum Developers
- Teacher and Principal Selection
- Professional Development
- Scheduling
- Before and After School Activities
- ECE Family Visits
- Other (Please Specify): \_\_\_\_\_

**Activity Description:**

*Briefly describe the responsibilities to be completed.*

**Hours Spent on the Activity:**

*Please ensure that the total hours only include the actual hours worked during the allowable activity.*

DCPS Teacher Name	Employee ID	Date(s) of Activity	# of Total Hours

**Activity Approval:**

I approve the use of Administrative Premium (0132) funds during the hours listed above for the described activity. I certify that the above activity will be conducted beyond and in addition to the employee's regularly assigned classroom teaching schedule.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date