



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

DCPS ADMINISTRATIVE PREMIUM PAY AUTHORIZATION

School Name:

Eligible Activity:

- | | |
|--|--|
| <input type="checkbox"/> Summer School | <input type="checkbox"/> Teaching & Learning Curriculum Developers |
| <input type="checkbox"/> Afterschool Program | <input type="checkbox"/> Teacher and Principal Selection |
| <input type="checkbox"/> Class Coverage/Loss of Planning Period-Loss of Lunch Period | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Exceeding IEP Case Manager Limit | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Before and After School Activities |
| <input type="checkbox"/> Enrichment/Tutoring | <input type="checkbox"/> ECE Family Visits |
| <input type="checkbox"/> Additional School Time Programs | <input checked="" type="checkbox"/> Excellence through Equity (EtE) |

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. Also, please ensure the # of hours worked match a specific date. For example, if a Teacher worked 4 hours on September 1st and 3 hours on September 2nd, then put those hours separately on two different rows for that particular Teacher.

DCPS Teacher Name	Employee ID	Date of Activity	# of Total Hours

Activity Approval:

I approve the use of Administrative Premium Pay for use during the hours listed above for the described activity. I certify that the above activity will be conducted outside of the Teachers' normal tour of duty.

Print Name

Signature

Title

Date