



# Snoqualmie Valley

## School District

8001 Silva Ave SE, P.O. Box 400, Snoqualmie, WA 98065 | Phone: 425-831-8000 | Fax: 425-831-8040 | www.svsd410.org

### SVEA Verification for Professional Responsibilities (Paid on Supplemental Contract)

In accordance with the Collective Bargaining Agreement between the Snoqualmie Valley School District and Snoqualmie Valley Education Association, employees are required to perform responsibilities beyond their regular contracted basic education work year. Compensation is received for these additional professional responsibilities in accordance with the responsibility pay schedule contained in the Collective Bargaining Agreement. The pay for same is prorated for part-time employees based on their annualized FTE. This form is to be completed and turned in to the employee's Principal or immediate supervisor no later than June 30.

**Verification of Additional Professional Responsibilities:** By signing and dating this verification form, the undersigned is indicating fulfillment of additional professional responsibilities beyond those performed during the basic education work year and work day. The employee further verifies these additional professional responsibilities include, but are not limited to, the following:

1. Facilitating teacher preparation of lessons;
2. Conferencing and communicating with teachers and administrators,
3. Verification of staff technology integration or verification of compliance issues;
4. Providing individual help to teachers;
5. Curriculum development including preparing and revising instructional materials;
6. Professional development and study including working with colleagues;
7. Taking classes for professional improvement;
8. Direct involvement in collaborative activities of teachers;
9. Relevant conferences, workshops and community activities

I verify that I have fulfilled the conditions of the Supplemental Contract which recognizes additional professional responsibilities performed beyond the contracted basic education work year, all in accordance with the Collective Bargaining Agreement between the Snoqualmie Valley School District and Snoqualmie Valley Education Association.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

**Return completed form to Payroll no later than June 30, 2022.**