



IEP/504 DEVELOPMENT AND PROCESSING COMPENSATION REQUEST

TEACHER: _____ BUILDING: _____ SCHOOL YEAR: _____

Section 6.10.4: *If general education employees are asked to attend more than nine (9) meetings to develop, sign and implement IEP or 504 plans they will be compensated at the committee rate of pay for time spent outside the workday. If, however, employees are asked to give up their planning period for this purpose, they will be compensated at the per diem rate of pay.*

Regular education employees shall be considered to have been “asked to attend” PEG/IEP/ITP or 504 meetings if their name appears on published agendas for such meetings or if they have received a written request from a principal or other appropriate administrator.

Documentation of nine official meetings on special education students or students under a 504 plan.

	Student's Name	Meeting Date	IEP/504 (Please indicate)	Mtg Start Time	Mtg Duration	Planning Period
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	_____	_____	<input type="checkbox"/>

Documentation for meetings beyond the nine official meetings (Eval/IEP or 504 Meetings).
Compensation for time outside of the workday and paid at committee rate unless during planning period.

	Student's Name	Meeting Date	IEP/504 (Please indicate)	Mtg Start Time	Mtg Duration	Planning Period
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	_____	<input type="checkbox"/>

TOTAL HOURS: _____

Principal or Supervisor Approved: _____

Please submit to the Director of Special Services for signature: _____
Director of Special Services

Account code for payroll use only:

Department	Account Code	Committee Rate (# of hours)	Per Diem Rate (# of hours)
Special Education	2100 27 2130 0000 0000		
504	0100 26 2130 0000 0000		