

**Support Staff**  
**Noon Hour Supervision**  
**Extra Curricular Supervision**

**School** \_\_\_\_\_

**School Year** \_\_\_\_\_

**Name** \_\_\_\_\_

Noon Hour Supervision Minutes Worked

Extra Curricular Hours Worked

(maximum 360 hours can be entered)

Noon Period Travel Minutes

Previous Year EDO Carried Forward

(if applicable)

Please indicate total number of EDO's taken during the current school year

EDO's Taken

(maximum of 5)

Indicate Actual Dates of EDO's Taken

EDO to be Carried forward to next school year

(if applicable)

Support Staff Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Noon Supervision, Extra Curricular Supervision and Noon Period Travel will need to be projected to the end of the current school year. EDO's taken will need to be projected to the end of the current school year.