

**Teacher**  
**Noon Hour Supervision**  
**Extra Curricular Supervision**  
**Noon Period Travel**

School \_\_\_\_\_  
 School Year \_\_\_\_\_  
 Teacher \_\_\_\_\_

Please indicate time worked in each of the following categories:

Noon Hour Supervision Minutes

Extra Curricular Hours

(maximum 360 hours can be entered)

Have you worked over 360 hours?  Yes  No

Please indicate travel minutes worked in the following category:

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 days)

Indicate Actual Dates of EDO's Taken

EDO to be Carried forward to next school year

(Max. 2 days)

(if applicable)

Teacher's Signature \_\_\_\_\_

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

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

Date \_\_\_\_\_

Part-Time Teachers Only	
Date EDO Taken	Percentage of day normally worked on the day the EDO was taken

\* Please project all numbers and dates to the end of the school year.