



**2019 - 2020  
Comp Time  
Pre-Approval Time Equivalency Form**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Campus: \_\_\_\_\_

Staff members requesting to earn Time Equivalency credit at a professional development session **NOT** sponsored by WISD must complete the following process to earn credit:

**STEP 1:** Secure approval by the employee's supervisor at least 7 days prior to the date of the session(s). If the district is paying fees such as registration, then approval must be requested 21 days prior to the workshop. The employees must submit this form AND all information about the workshop to the supervisor when requesting approval.

**STEP 2:** Once the request has been approved, the employee may proceed with registration for the approved session. A copy of this form will be attached to the travel request form.

**STEP 3:** The employee must submit proof of attendance at the approved workshop to their supervisor.

**STEP 4:** If the course is not an e-course on Eduphoria, the employee will add a new portfolio entry in Eduphoria Workshop for approval of Time Equivalency credit. A copy of the proof of attendance at the session AND this form will need to be uploaded for final Time Equivalency credit to be approved.

**Affidavit:**

*I, the undersigned,*

\_\_\_\_\_ *will be acquiring these professional learning hours outside of the contracted workday,*

\_\_\_\_\_ *will not supervise students during this time, and*

\_\_\_\_\_ *will NOT receive reimbursement or a stipend for the session(s) attended.*

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

**Title of Session:** \_\_\_\_\_

**Date(s) of Session:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Hours of Credit:** \_\_\_\_\_

**For Supervisor use ONLY**

\_\_\_\_\_ **APPROVED**

→ The employee will not receive a stipend for attendance.

→ This session will not be during a contracted day.

\_\_\_\_\_ **NOT APPROVED**

Reason supervisor did not approve:

\_\_\_\_\_ This session does not meet district guidelines for Time Equivalency.

\_\_\_\_\_ Participant will receive stipend for attending this session.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

