



**Weslaco ISD  
Time Equivalency Guidelines  
Acknowledgement Form**

I acknowledge that I have read and understand the Time Equivalency (TE) guidelines. I further acknowledge receipt of a copy of the TE guidelines.

\_\_\_\_\_ Yes, I will participate in Weslaco ISD Time Equivalency offerings.

\_\_\_\_\_ No, I will not participate in the Weslaco ISD Time Equivalency offerings. Therefore, I will **forfeit wages** at the daily rate of my pay.

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Print Name	Campus/Department
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Signature	Date
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