

Professional Development Days Settlement Form

Complete and return this form to the Accountability and Program Services Department when a teacher's employment in the Jordan School District ends prior to the last day of the contract year.

General Information

(1) Educator's Name _____ (2) School _____

(3) Social Security # _____ (4) Date of Termination _____

Professional Development Day Documentation

For each Professional Development Day the employee has worked, indicate the date the Professional Development Day was worked on the blank provided. If the work was not completed in a single day, please indicate the date the work for the professional development day was completed.

November Pay Days	February Pay Days	June Pay Days
Day 1 _____	Day 5 _____	Day 8 _____
Day 2 _____	_____	Day 9 _____
Day 3 _____	Day 6 _____	Day 10 _____
Day 4 _____	Day 7 _____	

Principal's Signature

Date Signed

District Use Only

Total PDD Days Worked _____

Total PDD Days Paid _____

Additional Pay Days Owed to Employee _____

Recapture Paid Days Owed to District _____

Clyde W. Mason, Director
Accountability and Program Services

Date