**Involuntary Classroom Move Payment Request Form**

Newton Public Schools

Office of Human Resources

Phone: 617-559-6005 Fax: 617-559-6010

Unit A

**Eligibility Criteria**

If a Principal has requested and approved the move of an entire classroom, a “classroom teacher” will receive a payment equal to 50% of a Professional Development Day\*, if the move takes place during unscheduled work hours and there are substantial materials to be packed. For the purposes of this provision, “classroom teachers” shall include teachers who have an assigned room, and including but not limited to grade level teachers, specialists, special educators, ELL teachers, literacy specialists. This form must state specific details of the move, and must be completed within 90 days of the move in order to qualify for compensation.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Emp #: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Position: |  |

**Reason for Payment Request**

|  |  |
| --- | --- |
| Date(s) of move: |  |

|  |  |
| --- | --- |
| Explanation of circumstances: |  |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal/Supervisor: |  | Date: |  |

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**Human Resources/Payroll Only**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Days to be Paid: |  |  | Rate\*: |  |  |  | Total Amount To Be Paid: |  |

|  |  |
| --- | --- |
| Account Number to be Charged: |  |

|  |  |
| --- | --- |
| Executive Director of Human Resources Signature: |  |

Please return this form to the Office of Human Resources, Ed Center Room 201

5/31/17