


**MEMORANDUM**

Aug 24, 2009  
MT 022.09  
MT.305 636-6147

**TO:** All Staff  
Educational Alternative Outreach Program

**FROM:** Miguel Torres, Principal   
Educational Alternative Outreach Program

**SUBJECT: WORKDAY HOURS, MEDICAL/PERSONAL LEAVE, REQUEST TO  
MODIFY THE CONTRACT DAY, LEAVING THE BUILDING, PAYROLL,  
SIGN-IN AND EARLY RELEASE**

**WORKDAY HOURS**

The Educational Alternative Outreach Program hours are as follows:

Elementary 7 hours 05 minutes  
Secondary 7 hours 20 minutes

**MEDICAL/PERSONAL LEAVE**

If you are taking a whole or half-day leave, you must call the substitute locator, Ms. Magaly Garcia 305 636-6147 from 7:30 to 3:30. After 3:30 you must leave a voice mail message. You must also indicate a whole or half-day sick or personal day on the payroll sheet. **You may have to arrange with the department chairperson and/or program director for internal coverage for half-day leave** as it is very difficult to secure substitutes for half-day leave.

**Medical/Personal Leave Requests for half day:**

Secondary grades 3 hrs 32 ½ min  
Elementary grades 3 hrs 40 min

**PLEASE NOTE: Your personal or sick day leave will be docked as indicated, if any of the following occurs:**

½ day, if you arrive by 10:00 am  
½ day, if you leave between 10:00 am and 1:30 pm and do not return  
½ day, if you leave before 1:30 pm  
(Times will be adjusted based on site's operational hours)

### **REQUEST TO MODIFY THE CONTRACT DAY**

All non-emergency requests to modify the contract day must be approved by this office before you arrive late or leave early. The attached Educational Alternative Outreach Program Request to Modify the Contract Day form is to be completed and faxed to the Outreach office for administrative approval. The Outreach office must be notified of medical appointments that impact the work day as soon as possible. Program directors should be notified of appointments.

In the event that appointments cannot be scheduled after the work day a copy of the Request to Modify the Contract Day must be faxed to the EAOP office. For emergency appointments, proof of the appointment must be sent to the Outreach office within 24 hours of the appointment. All legal or court appointments must have documentation attached to the request. If documentation is not attached to the request, the request will be denied.

All personal appointment requests will be denied unless **previously** cleared by the Outreach office.

Employees should not leave the work site until a signed request is received.

### **LEAVING THE BUILDING**

In accordance with UTD Article XX, Section 3D; staff may leave the work location, with administrative approval, during the hours they are not directly responsible for students. Use the attached sign out sheet that is kept at each site when leaving the building. It is **not** necessary to complete an Outreach Request to Modify the Contract Day form for this purpose.

### **PAYROLL SIGN-IN**

All full time employees must indicate their attendance by personally initialing the payroll sheet upon arrival and before leaving. The attendance for payroll form must be faxed to Ms. Magalys Garcia at 305 636-6198 no later than 11:00 a.m. on the last Wednesday of the payroll period.

### **EARLY RELEASE - Election Days, Holidays**

Early release on Election days and prior to holidays is to be determined by the Outreach office and **MUST** be approved by this office **before** any staff leaves the work site.

If you have any questions, please contact this office at 305-636-6147.

**EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM**

Date: \_\_\_\_\_

**TO:** Miguel Torres, Principal  
Educational Alternative Outreach Program

**FROM:** \_\_\_\_\_  
Employee

**SUBJECT: MEDICAL/DENTAL EXAMINATION LEAVE**

I am requesting permission to be released from my duties due to the following scheduled medical/dental appointment:

Date of appointment: \_\_\_\_\_

Release time: \_\_\_\_\_

Authorization by Assistant Principal: \_\_\_\_\_

**NOTE:** This request must be reviewed and recommended by the Assistant Principal before it is sent to the principal for approval. The AP will indicate recommendation by signing above.

Principal releases unit employees for up to two (2) hours without sick leave being charged against the employee for the purpose of medical and/or dental examination, and if deemed necessary, with verification upon return. (Article XIV, Section 7, UTD/M-DCPS contract).

Approved: \_\_\_\_\_  
Miguel Torres, Principal

\_\_\_\_\_  
Date

Cc: Payroll Clerk

**EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM  
REQUEST TO MODIFY THE CONTRACT DAY**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned Site: \_\_\_\_\_

I am requesting approval to **arrive late** at approximately \_\_\_\_\_ a.m. on  
\_\_\_\_\_ (date) for the following reason(s):

\_\_\_\_\_

I am requesting approval to **depart early** at approximately \_\_\_\_\_ a.m. on  
\_\_\_\_\_ (date) for the following reason(s):

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee Number: \_\_\_\_\_

\*\*\*\*\*

Approval is granted / not granted for the request modification of the contract day.

EAOP Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax/email this form to Ms. Magalys Garcia  
305 636-6198 (fax)

