



**2020-2021 Durham PreK
Staff Schedule Form**

Please complete this form for each Durham PreK lead and assistant teacher under contract and email completed forms to durhamprek@childcareservices.org.

Name of Site _____ **License #** _____

Teacher's Name (Legal Name) _____

Classroom Name or Number _____ **Start date** _____

Position (please circle one) Lead Teacher Assistant Teacher

Please indicate the teacher's schedule and hours working directly with children and for planning and professional development for their Durham PreK classroom in the table below.

Day of the Week	Durham PreK Classroom Schedule	Number of hours in the Durham PreK classroom working directly with children	Durham PreK Planning and Professional Development Schedule	Number of Hours for Durham PreK Planning and Professional Development
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Total number of hours in Durham PreK classroom working directly with children per week (should total 32.5 hours)	
Total number of hours Durham PreK planning and professional development completed per week (should total 7.5 hours)	
Total Hours per week	

I have reviewed the information above and confirm that it is correct.

Teacher Signature _____ Date _____

Administrator Signature _____ Date _____