

Career Ladder Responsibility Sheet

Name: _____

Hours: _____

Responsibility:	Estimated Hrs.	Actual Hours	Verified Hours
Total Number of hours			

Upon completion of the career ladder plan, I verify that the information above and on the following pages is accurate.

(Educator's Signature)

Responsibility Plan

(To be completed for each responsibility previously listed)

Name: _____

What is the responsibility?

How will you complete the responsibility?

Procedure for verification: Log of actual hours with brief description

Date of Completion (on or before May 15) _____

Career Ladder Documentation Sheet

Date: _____

Time In: _____ Time Out: _____

Round Time to the nearest quarter hour.

Attendees: (first name only, please)

Date: _____

Time In: _____ Time Out: _____

Round Time to the nearest quarter hour.

Attendees: (first name only, please)

Date: _____

Time In: _____ Time Out: _____

Round Time to the nearest quarter hour.

Attendees: (first name only, please)
