



## Mutually Agreeable Professional Learning (MAPL) Certificated Verification Form

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

Building: \_\_\_\_\_

School Year: \_\_\_\_\_

**This form must be signed and submitted by the certificated employee's evaluator no later than August 10<sup>th</sup>. Hours must be reported in 15 minutes increments by day.**

Evaluator Pre-Authorization <i>(initial)</i>	Completed/Future Activities	Anticipated Date(s)	Actual Dates <i>(if different)</i>	Estimated Hours	Actual Hours
	Total *				

**Examples of Activities**

- Grade Level Collaboration
- Department Collaboration
- Professional Conferences
- Inter-district Collaboration
- District-provided learning opportunities
- Professional Workshops

Employees and supervisors are encouraged to consider these opportunities in regards to the unique professional needs of each employee. Please sign when MAPL hours are completed.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date

\*(see contract for maximum hrs. permitted)