



## School Leadership Team Toolkit

Roster

Meeting Schedule

Activity Log

Remuneration Form

### **TEAM ROSTER**

The Team Roster should include all members of the team. The team's composition should consist of no fewer than 10 and no greater than 17 members. In determining the size of the team, please consider the budget allocations which are used to fund the annual \$300 remuneration given to each SLT member who performs 30 hours of service on the SLT and completes required training. The team must have an equal number of staff and parents, inclusive of the three mandatory members - i.e., the principal, the PA/PTA President, and the UFT Chapter Leader, or their designees. SLTs also may include students (minimum of two students is required in high schools) and representatives of Community Based Organizations (CBOs). Students and CBO members of the SLT do not count when determining if a team has an equal number of parents and staff.

### **MEETING SCHEDULE**

SLTs should meet at least once a month during the school year. Members are expected to attend all meetings and meetings must take place on school grounds or DOE premises. Meetings should be scheduled at a time convenient to all team members, especially parent members.

### **ACTIVITY LOG**

Members of the team are eligible to receive an annual remuneration of up to \$300. In order to obtain the full \$300 remuneration, SLT members, including students and CBO representatives, must complete 30 hours of service and attend at least one training session relating to CEPs and budget issues. For SLT members who complete required training but perform less than 30 hours of service, remuneration may be paid on a pro-rata basis (i.e., \$10 per hour of service up to 30 hours). SLT members should document the quantity and description of their service hours in a written activity log.

### **REMUNERATION FORM**





**Meeting Schedule** (use additional space to include additional meetings, if applicable)

<b>Month &amp; Date</b> (Example: September 14)	<b>Day of the Week</b> (Example: Thursday)	<b>Time</b> (Example: 5:30 – 7:30 pm)
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		



**INSTRUCTIONS**  
This claim form is to be used only by members of the School Leadership Team to record attendance at team activities. Team members will complete the information in the first 3 sections of this claim form, and before June 1st of each school year, forward the original form to the team's Liaison for Financial Matters, who will confirm the attendance by signing in section 4. The Liaison for Financial Matters will forward the original claim to the Approving Officer at the appropriate Community School District or high school office for review, signature, completion of budget information and payment processing through the On-line Imprest Fund System. Fifteen business days from the time the central or district payment processing office receives the claim are needed for the check to be issued and received in the mail. This form is to be used by School Leadership Team Members in lieu of the standard "Authorization for Imprest Fund Expenditure Form."

SECTION 1 TEAM MEMBER INFORMATION		
District	School Name	
Name of Team Member	Social Security Number	
Mailing Address (Number & Street)	Apartment Number	
City	State	Zip Code

SECTION 2 ACTIVITIES					SECTION 3 TEAM MEMBER CERTIFICATION	
Date of Activity MM DD YY			Activity Time Period Ex: From 6:00 P.M. to 8:00 P.M. From To		Total Hours	I certify that I have met the obligations as a member of the School Leadership Team and that I have participated in a combination of meeting service hours and training on the Comprehensive Educational Plan and Budget. (Remuneration is pro-rated \$10.00 per service hour up to 30 hours maximum.)  _____ TEAM MEMBER SIGNATURE  _____ DATE
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SECTION 4 LIAISON FOR FINANCIAL MATTERS CONFIRMATION	
I certify that the above claimant has met the obligations as a member of the School Leadership Team and that he/she has participated in the program's activities for the hours described in section two (2) above and shall be remunerated for fees incurred as a result of these activities.	
_____ SIGNATURE OF LIAISON FOR FINANCIAL MATTERS	_____ DATE

SECTION 5 FOR DISTRICT/CENTRAL OFFICE USE ONLY					
FUNDS ARE AVAILABLE - CHARGE TO:					
DISTRICT	LOCATION CODE	QUICK CODE	OBJECT CODE	\$AMOUNT	PAYMENT PROCESSED ON-LINE
I approve this expenditure certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Board of Education and applicable funding source guidelines.  _____ SIGNATURE OF APPROVING OFFICER				_____ PROCESSED ON-LINE BY	_____ DATE
				_____ AUTHORIZED BY	_____ DATE
				_____ DATE	