

Job-Embedded / Equivalent Other Activity (EOA) Request Form

****IMPORTANT** Request Form and LPDC Pre-Approval must be completed *BEFORE* the activity begins.**

Date Submitted To LPDC for Pre-Approval: _____

Activity Name from EOA Guidelines List: _____

Name: _____ Building: _____

- Read information about Job-Embedded/EOA's and IPDP's on District Website (LPDC Page)
- Do not apply for Job-Embedded/EOA's if you will receive another form of contact hour certificates for the activity.
- You need to have a pre-approved IPDP listing a Job-Embedded Activity aligned with the identified Teaching Standard (question #10 below).
- Complete a "**Job-Embedded/EOA Request Form**" for each activity you are asking the LPDC for pre-approval. Use "**Job-Embedded / Equivalent Other Activities (EOA's) Guidelines**" for support- found on the District Website's LPDC Page.
- Send EOA Request Form to LPDC/Human Capital Department at East High School, Room 139 for pre-approval.
- LPDC will respond in writing and indicate amount of contact hours they have pre-approved.
- You must keep track of your Job-Embedded/EOA Hours on the "**Job-Embedded/EOA Activity Log**"- found on the District Website's LPDC Page.
- When activity is completed, send the following to LPDC/Human Capital Department at East High School Room 139
 - Copy of your LPDC pre-approved Job-Embedded/EOA Request Form
 - Completed Job-Embedded/EOA Activity Log, with required signatures
 - Additional required documentation, as requested
 - Completed Reflection Questions

1. Please describe the activity that you would like considered for contact hours.



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JOB-EMBEDDED REQUEST FORM

2. How long will the activity take to complete?

3. How much time will the activity take per week to complete?

4. What materials and equipment will you need to complete activity?

5. How will your students and colleagues benefit from your activity?

6. What evidence of your learning will you produce? (paper, lesson, etc.)

7. What will be the end result of the activity that will be of value to others?



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8. How does this activity fit in with your learning goal(s) on your IPDP?

9. How does this activity align with the District's CIP Goals?

10. This activity aligns with ODE's Teacher's Standard # _____

11. What date will Job-Embedded / EOA begin? _____

****Note**** Request must be pre-approved prior to start of activity!

Job-Embedded/Equivalent Other Activity (EOA) Approval Form

I am requesting _____ Contact Hours for the proposed Job-Embedded/EOA. (Use "Job-Embedded/EOA Guidelines" to complete table below.)

Activity	Maximum Clock Hours per Activity per License Cycle	Criteria	Verification

Applicant's Signature: _____ **Date:** _____

LPDC USE ONLY

Educator's Name: _____ **IPDP Plan Date:** _____

Activity:

The LPDC will issue the above named Educator up to _____ Contact Hours upon completion of this activity. The educator's immediate supervisor must sign the Job-Embedded/EOA Activity Log verifying time logged on the project; Activity Log must include dates and times spent on the project to obtain the requested hours. You must have a Pre-Approved IPDP with the Job-Embedded Activity Goal listed, as well as any additional documentation requested by the LPDC.

LPDC Designee Signature: _____ **Date:** _____

Committee Comments: