

INSTRUCTIONAL CLAIM FORM

Payment for attendance for any of these will be authorized according to this summary attendance report form.
Each employee must complete the information requested below.

THESE CLAIMS MUST BE MADE WITHIN THE PAY PERIOD IN WHICH THE DUTY IS PERFORMED

CHECK ONE OF THE OPTIONS BELOW

EMPLOYEE NAME <small>(print name)</small>	DATE	STUDENT TUTORING	CURRICULUM WORK	**SUMMER WORK SHOP	SUMMER SCHOOL	TIME IN	TIME OUT	TOTAL TIME <small>(minus lunch)</small>	EMPLOYEE SIGNATURE
Total Hours									

****PLEASE INDICATE THE NAME OF THE WORKSHOP ATTENDED** _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
PAY PERIOD:	PAY DATE:
TOTAL AMOUNT DUE:	