

Certified Personnel Off-Contract Compensation Request and Approval Form

Date Submitted _____

School _____

Requested Work Days (Dates) _____

Hours Per Day _____

Compensation: **Daily Rate of Pay** (*per employee*)

Non-Instructional/Non-Contracted Duties: \$20.00/per hr.

Funding Source (Account Number): _____

Total Budget: \$ _____

Reason for Off-Contract Work: _____

NAME

EMPLOYEE SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Requested By (Principal) _____

Approved By (Superintendent or Designee) _____

Date Approved: _____