

**NORTHSHORE SCHOOL DISTRICT NO. 417**  
**CERTIFICATED ONLY – HOURLY ADDITIONAL PAY FORM 2020-2021**

Description of Workshop/In-Service \_\_\_\_\_

Location \_\_\_\_\_

Accounting/Budget Number \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

xxxx-xx-xx-xx.240

Per Diem Rate \_\_\_\_\_

\$35.12\* rate Supplemental Rate \_\_\_\_\_

\$50.32\* rate Curriculum Rate \_\_\_\_\_

\*Or employee hourly per diem if less (Per RCW 28A.400.200)

Compensation for assignment will be the month following the completion of the assignment AND upon receipt of this completed Hourly Additional Pay form in the Payroll Department

Employee Number	Employee Name (PRINT YOUR NAME, NO CURSIVE PLEASE!)	Fill in HOURS for Each Day of Training/Meeting Not your Initials or the date					Total Hours	Employee School	Payroll Only	
									Hourly	Gross
xxxxx	xxxxxxxxxxxxxxx						xxxxx	xxxxxxxxx	xxxxxx	xxxxxx

I hereby certify that the hours listed have been completed:

\_\_\_\_\_  
 Administrator/Budget Authorization Signature

\_\_\_\_\_  
 Date

2 OR MORE CERTIFICATED EMPLOYEES ARE REQUIRED FOR USE OF THIS FORM AND MUST BE TURNED IN MONTHLY