NORTHSHORE SCHOOL DISTRICT NO. 417

CERTIFICATED ONLY – HOURLY ADDITIONAL PAY FORM 2021-2022

Description of Workshop/In-Service _____ **Location** _____

Date _____

Accounting/Budget Number _____ **Time** _____

xxxx-xx-xx-xx.240

Per Diem Rate _____

$36.17* rate Supplemental Rate _____

$51.83* 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	xxxxxxxx	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

9-8-21/JM