

Extra Service Pay Invoice

for

Professional Development

(Revised September 2007)

Whitley County Board of Education
Williamsburg, KY 40769

Employee Name: _____

Employee Number: _____

School: _____

Title of PD Course	Date of PD Course	Presenter or Attendee	Program/Fund	Number of Hours	Rate per Hour	Amount

TOTAL: _____

Employee Signature: _____

Date: _____

Approval/Authorization:

Principal: _____ Date: _____

Note: The requested PD must be supported by the SBDM approved School Professional Development Plan.

PD Coordinator: _____ Date: _____

Title I Coordinator: _____ Date: _____

Other: _____ Date: _____

Note:

1. To receive payment, the employee must have prior approval from the Principal.
2. Payment cannot be received if the individual is receiving work time or PD hours.