

INSERVICE PROVIDER PAYROLL CLAIM FORM

KALISPELL PUBLIC SCHOOLS
233 1st Ave E
Kalispell, MT 59901

I certify that this claim is correct and just in all respects and that payment has not been received.

Claimant Signature _____

Printed Name _____

School _____

Approved _____

Principal Date

Approved _____

Assistant Superintendent Date

Section 8.4 of KEA agreement:

'Those staff teaching approved district in-service as directed by the District shall be paid at the BA+45, step 4 hourly rate for instruction time.'

Inservice Provider	Hourly Rate	Date	Hours	Amount	Budget Code Entry

The Tab key will move through each field for data input, and will calculate the total for each row and the final total. If hours are changed be sure to tab after the change to get updated calculation.

TOTAL	Available Codes For Use	101-XX-160-2213-5019 150
		201-XX-160-2213-5019 150
		115-XX-430-2213-5019 150