EXTENDED SCHOOL YEAR CERTIFIED TEACHER PAYROLL CLAIM FORM

KALISPELL PUBLIC SCHOOLS
233 1st Avenue East
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 ____

Address ____

APPROVED BY ____

Sara Cole, Special Education Director   Date

Section 8.4 of KEA Agreement: ***July 1st, 2022 - June 30th, 2023***

Those staff teaching approved district summer school as directed by the District shall be paid at the BA+45, Step 4 hourly rate for instruction time.'

Summer School	Hourly Rate	Date	HOURS	AMOUNT	X	Assistant Superintendent Review Budget Codes – Check Appropriate Code		Amount
	$30.75			$ 0.00		101 14 280 1115 0000 112	Elementary EYS Teacher	
						201 14 280 1115 0000 112	High School EYS Teacher	
	$30.75			$ 0.00		101 14 280 2155 0000 113	Elementary SLP ESY	
						201 14 280 2155 0000 113	High School SLP ESY	
	$30.75			$ 0.00				
	$30.75			$ 0.00				
	$30.75			$ 0.00				
	$30.75			$ 0.00				
	$30.75			$ 0.00				
	$30.75			$ 0.00				
	$30.75			$ 0.00				
			TOTAL	$ 0.00		**<----NOTE: THESE TWO TOTALS SHOULD MATCH.---->**		$ 0.00

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.