

# MENTOR PAYROLL CLAIM FORM

Kalispell Public Schools  
233 First 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 \_\_\_\_\_

School \_\_\_\_\_

Approved \_\_\_\_\_

Principal Date

Approved \_\_\_\_\_

Assistant Superintendent Date

**Section 8.4 of KEA Agreement:**

**'Teachers may otherwise contract with the District for additional employment which may include: curricular work, mentoring and other functions approved by the District. The additional salary shall be determined by dividing the base annual salary by the number of teacher duty days which number in turn shall be divided by eight hours per workday, and additional employment will be at the hourly rate thus arrived at.'**

Curriculum Work - Describe	Hourly Rate	Date	Hours	Amount	Budget Code Entry
<b>TOTAL</b>					

*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.*