

COMPENSATION AUTHORIZATION REGION 14 SCHOOLS

Name: _____

Building Assignment: _____

Department: _____ Grade Level: _____

Work assigned by: _____
(name of administrator)

Reason for extra duty payment:

- | | |
|--|--|
| <input type="checkbox"/> Curriculum Writing | <input type="checkbox"/> Summer School |
| <input type="checkbox"/> Chaperoning | <input type="checkbox"/> Professional Learning |
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> TEAM Mentoring |
| <input type="checkbox"/> Homebound Instruction | <input type="checkbox"/> Other: _____ |

For Homebound Instruction, employee must provide name of student(s):

_____ Substitute

*For substitutes, please note name of teacher substituting for _____
Substitute rate is paid at a daily rate. Please note a.m. and/or p.m. worked per date
rather than start and end times. No total hours need to be calculated.*

Provide a brief description of the work performed:

| Date: | Start Time: | End Time: | Total Hours: |
|-------|-------------|-----------|--------------|
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| | | | |
| | | | |

Total: _____

I verify that the total number of hours worked is correct:

Employee Signature

Date

AUTHORIZATION PRINCIPAL/DIRECTOR: _____ **DATE:** _____