MAPLETON PUBLIC SCHOOLS

CLAIM FOR PAYMENT

SUBMIT TO THE PAYROLL DEPARTMENT BY THE 3RD DAY AFTER PAYDAY

TEACHER NAME: **SCHOOL/ADDRESS**:

POSITION & GRADE(S): **TEACHER PLAN TIME?**

DATE(S) WORKED	HOURS WORKED (EXAMPLE – 8:00 10:00)	TOTAL HOURS WORKED	DURING PLAN TIME OR ADDED STUDENTS TO YOUR CLASS?	REASON FOR SERVICES* *NOTE THE CLASS COVERED. IF THE CLASS WAS DIVIDED - INCLUDE THE # OF TEACHERS THAT SPLIT THE CLASS. (Ex. Covered Ms. Smith. Split with 3 teachers)
GRAND TOTAL OF HOURS WORKED				

Distribution Charge: ___ ____ ___ _____ _____ _____ _____ ___

Rate: Per Hour_____**OT Rate**_____**Per Day**_____ **Total Payment** $_____

Authorized by: Print Name:_____ **Signature:**_____

DO NOT WRITE BELOW THIS LINE

Employee #_____

Time	Earn	Class	Rate	AMOUNT	ACCOUNT #									

APPROVED BY:_____
Chief Financial Officer

Date Paid