

**EXTENDED DAY PROGRAM
Salary Information Form**

Check one:	
School Year	
Summer Program	



SCHOOL: _____

SCHOOL YEAR: _____

****A REVISED FORM SHOULD BE COMPLETED FOR ANY NEW HIRES, CHANGES IN RATES, CHANGES IN POSITION, AND/OR TERMINATIONS AND SHOULD BE SUBMITTED TO THE INTERNAL AUDITING DEPARTMENT**

EMPLOYEE NAME	EDP TITLE	START DATE IN CURRENT EDP POSITION	EDP TERMINATION DATE (WHEN APPLICABLE)	EDP SALARY SCHEDULE EXPERIENCE LEVEL	EDP SALARY SCHEDULE TIER NUMBER (IF APPLICABLE)	HOURLY RATE PER EDP SALARY SCHEDULE	APPROVED HOURLY RATE TO BE PAID (Explanation required if approved rate is different from the rate per the Salary Schedule)	ELIGIBLE FOR OVERTIME Y/N	PRINCIPAL SIGNATURE	APPROVAL DATE

Explanation regarding approved pay rates that deviate from the Salary Schedule: _____

***Upon receipt of Salary Information Form, the Internal Auditing Department will calculate overtime rates for those eligible. Internal Auditing will e-mail overtime rates to the Principal, Site Director, and Bookkeeper.*