



MAPLETON PUBLIC SCHOOLS

CLAIM FOR PAYMENT

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

FULL NAME:

SCHOOL/ADDRESS:

POSITION & GRADE(S):

TEACHER PLAN TIME:

DATE(S) WORKED	HOURS WORKED (EX. 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				

**Please note: Coverage for an unfilled teacher absence will only be compensated for plan time missed or for hours in which students from that classroom were brought into your class*

Account Number: _____

Rate: Per Hour _____ OT Rate _____ Per Day _____ Total Payment \$ _____

Employee Signature _____

Authorized by: Print Name _____ Signature _____

DO NOT WRITE BELOW THIS LINE

<u>Time</u>	<u>Earn</u>	<u>Class</u>	<u>Rate</u>	AMOUNT	ACCOUNT #

APPROVED BY: _____
Chief Financial Officer

Date Paid