

**EDGEMONT UNION FREE SCHOOL DISTRICT**  
**PROFESSIONAL STAFF**  
**ADDITIONAL PAYMENT FORM**

**ROUTING SEQUENCE**

- Local Administrator
- Superintendent
- Asst. Sup. Business
- Payroll Clerk

PAYEE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

| PAYMENT CATEGORY   |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Co-Curricular Stipend<br><small>(Per Board Approval/Contract)</small>   | <input type="checkbox"/> Overnight Chaperone<br><small>(\$464/night)</small>                   | <input type="checkbox"/> Weekend Day Chaperone<br><small>(\$467/day)</small>                      | <input type="checkbox"/> Curriculum Writing<br><small>(\$73.03/hour)</small>                    |
| <input type="checkbox"/> Senior Options Mentor<br><small>(1/280th of Salary, prorated)</small>   | <input type="checkbox"/> STEAM Fair Mentor<br><small>(\$73.03/hour)</small>                    | <input type="checkbox"/> Summer Psych. Assess.<br><small>(1/200th of Salary, prorated)</small>    | <input type="checkbox"/> Summer CSE Meet./Eval.<br><small>(1/200th of Salary, prorated)</small> |
| <input type="checkbox"/> Summer K Screenings<br><small>(1/200th of Salary, prorated)</small>   | <input type="checkbox"/> Summer Place. Testing<br><small>(1/200th of Salary, prorated)</small> | <input type="checkbox"/> Summer Classroom Move<br><small>(1/200th of Salary - Elem. Only)</small> | <input type="checkbox"/> Other:<br>_____  |
| <b>EVENT DESCRIPTION</b><br><small>For services provided for a student, the student's name or ID number must be included in the description.</small> |  |   |   |
| <b>EVENT DATE(S)</b><br><small>If Applicable</small>   |  | <b>EVENT HOURS</b><br><small>If Applicable</small>  |   |
| <b>PAYMENT</b><br><small>If 1/200th or 1/280th of salary, leave blank; otherwise, enter value.</small>   |  |   |   |

PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Building Principal/Director/Assistant Superintendent

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Superintendent

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Assistant Superintendent for Administration & Business

|  |   |
|--|---|
| <b>FOR BUSINESS OFFICE USE ONLY</b>  |   |
| Board Approval Required:<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes; Date of BOE Approval: _____ | Budget Code: _____<br>Entered By: _____ |