COMPENSATION AUTHORIZATION
REGION 14 SCHOOLS

Name: _____

Building Assignment: _____

Department: _____ **Grade Level:** _____

Work assigned by: _____
(name of administrator)

Reason for extra duty payment:
__ Curriculum Writing __ Other: _____

___ *Homebound Instruction*

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

Provide a brief description of the work performed:
_____
_____

Date:	Start Time:	End Time:	Total Hours:

Total: _____

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

_____ _____
Employee Signature **Date**

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