

Elementary Schools (Barry, Smith, Randall)

School-Day **Instructional ONLY** Additional Pay Form

Name _____

Building _____

This form is for any instructional (**CUT**) claims **during the contractual school day**, including internal subbing, tutoring, etc. Any claim for time worked before or after school (ie. morning supervision), must be reported on the Additional Pay Claim Sheet. Any reported claims for work during a contractually scheduled student-contact period will not be paid. Claims are paid using quarter hour increments (7 minute rule applies).

Date	Start	End	Hrs	What/who was covered?	What are you scheduled for?	Notes	District	Budget Code
9/15	9:30	10:15	0.75	Grade 4 - Mr. Smith	Aide for Student A			

I certify that the claims above are a true and accurate record of my employment for the time period indicated.

Employee Signature _____

I hereby certify that this claim has been rendered in accordance with the current contract agreement and that work was pre-approved.

Supervisor Signature _____

Business Office Approval

I certify that this claim is accurate as presented and/or modified above.

I authorize payment for all approved time worked in the next available payroll.

Business Administrator _____ Date _____

Payroll Processing: Date Paid _____