



NEW TEACHER DAY EXTRA PAY FORM

EVENT/INSERVICE: _____ CODE: 1430

DAY & DATE: _____

TIME: _____



Teacher Name: _____ Site: _____

Teacher FTE: _____ *if part-time* Schedule:
M _____
T _____
W _____
TH _____
F _____

Comments:

Principal / Facilitator Authorization

Date