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## TEACHER DAY EXTRA PAY FORM

EVENT/INSERVICE: \_\_\_\_\_ CODE: \_\_\_\_\_

DAY & DATE: \_\_\_\_\_

TIME: \_\_\_\_\_



Teacher Name: \_\_\_\_\_ Site: \_\_\_\_\_

Teacher FTE: \_\_\_\_\_ *if part-time . . . . .* Schedule:

M \_\_\_\_\_

T \_\_\_\_\_

W \_\_\_\_\_

TH \_\_\_\_\_

F \_\_\_\_\_

Comments:

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Principal / Facilitator Authorization

\_\_\_\_\_  
Date