



**PART-TIME TEACHER REQUEST FOR ADDITIONAL PAY**

Name \_\_\_\_\_ Date \_\_\_\_\_

Contract FTE \_\_\_\_\_ School \_\_\_\_\_

DATE	REASON FOR ADDITIONAL PAYMENT	REGULARLY SCHEDULED % OF DAY TO WORK *	ADDITIONAL % OF DAY TO BE PAID

Please ensure that additional payment requests are sent to the office in the month that they occur.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\* Note that % of day worked is the time the employee was scheduled to normally work on that day. This may differ from contract FTE.