

EXTRA PAY VOUCHER

NAME: _____ ID: _____

REASON: _____ BUILDING: _____

EXPENDITURE CODE: _____ - _____ - _____ - _____ - _____ - _____

CHECK ONE BOX:

- Staff Development (\$40/hr)**
Attendance at workshops outside the normal workday, where the staff member is receiving information.
- Curriculum Work (\$40/hr)**
Curriculum work connected with the graduation standards or other curriculum work not directly associated with the normal curriculum preparation expected as part of the teacher's regular assignment, including Homebound Instruction.
- Remedial (\$40/hr)**
Teaching remedial (i.e., homebound instruction) or enrichment classes on Saturdays, after school, or during the summer. These are classes not a part of the teacher's regular assignment.
- Peer Review (\$40/hr)**
Time spent doing peer reviews.
- Extra-Duty (\$40/hr)**
Administrative assigned or requested extra-duty assignment not listed in this contract. In no case shall compensatory time be taken during student contact time.
- Prep Time Substitute (\$40/hr)** *Name of absent teacher:* _____
Teacher agrees to use their prep time, with administrative approval, to sub for another teacher
- Covering Classes with No Sub (\$40/hr)** *Name of absent teacher:* _____
of Teachers Splitting: _____ *Name of Teachers Splitting:* _____
Several teachers cover another teacher's class for the entire day, while still having their classes, they will split thirty dollars (\$30) per hour for the hour(s) of when combining classes occurred.
- Prep Time Substitute Due to Specialist Course Cancellation (\$50/hr)**
Name of absent teacher: _____
If a hired sub or requested coverage from building staff cannot be found and the specialist course is therefore cancelled.
- Emergency Substitute Coverage (\$40)** *Name of absent teacher:* _____
When any elementary support staff, social worker, TOSA or another specialist is reassigned to a classroom for an entire day, the support staff teacher will be compensated with one (1) hour
- Teacher's Hourly Rate:** _____

Date	Start Time	End Time	Total Hours (Excluding Lunch)	Date	Start Time	End Time	Total Hours (Excluding Lunch)
			Total Hours:				

Employees Signature: _____

Supervisors Signature: _____