

SUMMER PAYMENT FORM

To: Connie Russell - Payroll Manager

From: Assistant Superintendent

Date: _____

Name Workshop/Activity: _____

Workshop Leader: _____

(Must be signed by Principal/Leader)

Dates of Workshop/Activity: _____

Account #: _____

Staff will be paid \$150/day for attendance at Summer Workshops/Study Groups.

Loc.	Employee #	Name	School	# Days	Amount

Signature of Administration: _____

(Assistant Superintendent/Superintendent)