



NEW TEACHER DAY(S) - EXTRA PAY FORM (O)06(R)-44 (M)06(R)-44 (M)06(R)-44

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

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

\_\_\_\_\_ Site: \_\_\_\_\_

Teacher FTE: \_\_\_\_\_

Part-Time Schedule:

M \_\_\_\_\_

T \_\_\_\_\_

W \_\_\_\_\_

TH \_\_\_\_\_

F \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal / Facilitator Authorization

\_\_\_\_\_  
Date