

CATASAUQUA AREA SCHOOL DISTRICT
REQUEST FOR PAYMENT FOR HOMEBOUND INSTRUCTION

Teacher: _____ Student Taught: _____

For the Month of _____, 20____

PROCEDURE: AT THE END OF EACH MONTH, LIST THE DATE AND NUMBER OF HOURS WORKED ON A SEPARATE LINE. RETAIN PINK COPY FOR YOUR RECORDS. SUBMIT REMAINING TWO COPIES, ALONG WITH ORIGINAL OF THE STUDENT VERIFICATION FORM TO YOUR BUILDING PRINCIPAL. THE PRINCIPAL SHALL SIGN FOR APPROVAL AND FORWARD TO THE SUPERINTENDENT. SUPERINTENDENT WILL SIGN AND FORWARD TO PAYROLL DEPARTMENT.

Date Worked	No. of Hours

TOTAL HOURS _____

Teacher's Signature _____ Date _____

Approved _____ Date _____
 Building Principal

Approved for Payment _____ Date _____
 Superintendent

Original & Yellow Copy – submit to building supervisor for signature **Pink Copy – Retained by teacher**

Do not write below this line

Business Office Use Only

Payment requested for _____ hour(s) @ \$32.00/per hour \$ _____

Code _____ Employee No. _____

Pay Date: _____