



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