

CERTIFICATED EMPLOYEE PAY REQUEST

Name: _____

Date of request: _____

Workshop title: _____

Workshop location: _____

Workshop date(s): _____

Time worked: _____

My goal/objective for attending is:

Employee Signature: _____

Principal's comments: _____

Principal's Signature: _____

Approved for: ☐ Professional Development Pay

☐ Per Diem Pay

Disapproved: ☐

Comments: _____

Superintendent Signature: _____

Date: _____