

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PAYMENT FORM - TEACHERS ONLY
2024-2025**

\$41.29/HOUR

DATE: _____

TEACHER NAME: _____

*** PLEASE INDICATE SCHOOL WORKED AT FOR EACH DATE, TIME AND JOB PERFORMED**

	DATE WORKED	SCHOOL WORKED AT *	TIME/HOURS WORKED
GRADING			
INSERVICE			
REGENTS REVIEW			
REMEDIATION			
TRANSLATOR			
PROCTORING			
OTHER:			
TOTAL HOURS WORKED			

TEACHER SIGNATURE: _____

APPROVED: _____
PRINCIPAL/DIRECTOR

ACCOUNT CODE REQUESTED: _____
(if applicable)

APPROVED: _____
DR. MICHELLE CARDWELL/ASST SUPT FOR INSTRUCTION