

Teacher Without Pay Request Form

To be submitted to the Business Manager when completed

Please read and initial

I understand that I am asking to alter the individual contract that I signed with the District where I agreed to: *faithfully perform such services as may be reasonably assigned by the School Board or its designates representative(s) during the life of this contract, including teaching assignments for which said TEACHER is highly qualified.*

I understand that one day of pay at my daily rate will be deducted from my paycheck for each day. To determine your daily rate divide your annual contract salary by 182.

Anticipated deduct \$

Please complete

Teacher Name:

Date(s) Requested to be Without Pay:

Please explain why you are requesting to alter your teaching contract:

Please explain why this unique situation merits the use of day(s) without pay:

Teacher Signature (indicates the information noted above is true and correct):

Signature

Date

Business Manager Review:

Is anticipated deduct correct? Yes - No

If not, corrected amount \$ /day

Total salary deduct

Signature

Date

Directors Approval:

This request is APPROVED - DENIED

Signature

Date