

# SUMMER WORK PAYMENT REQUEST

Please return to Carol Lucenta, Central Office, by September 2, 2005.

**To: Assistant Superintendent's Office**

**From:** \_\_\_\_\_

I have worked on the following Summer Work project(s) for the indicated number of days:

<i>Project Name</i>	<i>Date(s) Worked (mo/day/yr)</i>

**\*Total number of days worked:** \_\_\_\_\_ .

I am requesting payment at the rate of \$317 per day for the above work.

If for any reason you are unable to complete your assigned Summer Work, please write "work not completed" across this form, sign, and return it.

**NOTE: Payment will be approved after receipt of Summer Work Project Report from liaison.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\* \* \* \* \*

**TO BE FILLED OUT BY ASSISTANT SUPERINTENDENT'S OFFICE**

Total days worked: \_\_\_\_\_ x \$317 = \_\_\_\_\_ a/c \_\_\_\_\_  
 \_\_\_\_\_ x \$317 = \_\_\_\_\_ a/c \_\_\_\_\_

APPROVED FOR PAYMENT

\*1 day = 7 hours  
.5 day = 3.5 hours

\_\_\_\_\_  
Wayne Ogden, Assistant Superintendent