

BALDWIN-WHITEHALL SCHOOL DISTRICT

REQUEST FOR PAYMENT SIX CLASSES WITHIN A DEPARTMENT

NAME OF DEPARTMENT _____

DATE _____

SCHOOL YEAR _____

1st SEMESTER _____

2nd SEMESTER _____

(CHECK 1st / 2nd Semester)

STAFF MEMBERS WITHIN THE DEPARTMENT WHO ARE SCHEDULED SIX CLASS PERIODS
(Must be a minimum of 4 teachers.)

PLEASE PRINT HERE:

PLEASE SIGN HERE:

Principal's Signature

Date _____

Assistant Superintendent's Signature

Date _____

Business Manager's Signature

Date _____

If more than three employees within a department are scheduled SIX CLASS PERIODS,
all employees shall be compensated as follows:

2015-16	2016-17	2017-18	2018-19	2019-20
\$2,800.00 per semester				

PLEASE FORWARD TO THE ASSISTANT SUPERINTENDENT