



Classified ParaEducator Staff Compensation for Covering a Certificated Staff Class or Head Start / ECEAP Class

TO: PAYROLL OFFICE

SUBFINDER JOB NUMBER: _____

FROM: _____ Employee ID No. _____

Position _____ Location _____

UP TO FIVE (5) DAYS PER FORM MAY BE SUBMITTED

A. Based on Article VI, Section 17, additional compensation is hereby requested for providing class coverage on the following date(s):

PLEASE CHECK ONE:

Para Educator (regular pay and \$10/hr for each occurrence) Total Hours _____ x \$10.00 = _____

Head Start/ECEAP Para Educator (regular pay and \$2.75/hr for each occurrence) Total Hours _____ x \$2.75 = _____

Date _____ Date _____ Date _____ Date _____ Date _____

Hours _____ Hours _____ Hours _____ Hours _____ Hours _____

For a class normally assigned to (Associate's/Teachers full name) _____

HED Earnings Code: CLCV/229

B. SPECIAL ACCOUNTING: Enter the new accounting information only if the accounting is to be over-ridden

Company	Accounting Unit	Account	Activity	Category

■ **Be sure all appropriate signatures appear below before submitting this form to the Payroll Office**

Employee's Signature _____ Date _____

Administrator's Signature (BRC Authority) _____ Date _____

PLEASE ALSO NOTE

1. Requests received in the Payroll Office by the end of each pay period will normally be processed for pay on the following pay period.
2. Pay will be included on the pay warrant under Pay Code "Cls Cov".

**PLEASE SUBMIT THIS FORM TO THE PAYROLL OFFICE WITHIN 2 WEEKS.
RETAIN A COPY FOR YOUR RECORDS.**