

WAPPINGERS CENTRAL SCHOOL DISTRICT
2022-2023 SCHOOL YEAR

CHAPERONE FORM

THIS FORM IS USED FOR DISTRICT EMPLOYEES ONLY and is to be submitted MONTHLY!
Forms submitted after 6/30/23 will not be processed.

SCHOOL: _____

NAME OF CHAPERONE: _____

JOB TITLE: PLEASE CIRCLE: TEACHER, MONITOR, TA, CLERICAL,
OTHER _____

DATE SERVICE PERFORMED	<u>DESCRIPTION OF ACTIVITY</u> (ALL ENTRIES ARE TO BE LISTED IN CHRONOLOGICAL ORDER)	START TIME	END TIME	TOTAL HRS: (ROUND TO NEAREST 1/4 HR)	DOLLAR AMOUNT <u>\$25.00/HOUR</u> <u>DAILY MAXIMUM</u> <u>\$200.00</u>
<u>TOTALS</u> *		Total Hours <i>MUST</i> be entered here →			

SUBMIT FORMS TO THE OFFICE OF INSTRUCTION. (INCOMPLETE FORMS WILL BE RETURNED AND PAYMENTS DELAYED)

SIGNATURE OF CHAPERONE _____ DATE: _____

SIGNATURE OF PRINCIPAL _____ DATE: _____

SIGNATURE: ASST SUPT OF INSTRUCTION _____ DATE: _____

SIGNATURE: INTERNAL CLAIMS AUDITOR _____ DATE: _____