

WAPPINGERS CENTRAL SCHOOL DISTRICT

2023-2024 SCHOOL YEAR

CHAPERONE FORM

THIS FORM IS USED FOR DISTRICT EMPLOYEES ONLY and is to be submitted MONTHLY! Forms submitted after 6/30/24 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>\$25.40/HOUR</u> <u>DAILY MAXIMUM</u> <u>\$203.20</u>
	<u>TOTALS</u> *	Total Hours <i>MUST</i> <i>be entered here</i> →			

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: _____