

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
PAYMENT FORM - TEACHERS ONLY  
2022-2023**

**\$40.00/HOUR**

DATE: \_\_\_\_\_

TEACHER NAME: \_\_\_\_\_

**\* PLEASE INDICATE SCHOOL WORKED AT FOR EACH DATE, TIME AND JOB PERFORMED**

	DATE WORKED	SCHOOL WORKED AT *	TIME/HOURS WORKED
GRADING			
INSERVICE			
REGENTS REVIEW			
REMEDIATION			
TRANSLATOR			
PROCTORING			
OTHER:			
<b>TOTAL HOURS WORKED</b>			

TEACHER SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
PRINCIPAL/DIRECTOR

\*\*\*\*\*

ACCOUNT CODE REQUESTED: \_\_\_\_\_  
(if applicable)

APPROVED: \_\_\_\_\_  
DR. MICHELLE CARDWELL/ASST SUPT FOR INSTRUCTION