

Moving Classrooms

Submission for Reimbursement for

Name _____

Employee ID # _____

Location: _____.

Date: _____

	Date	Hours	Reason for Move	District Account Number (authorized by an administrator)
1				
2				
3				
4				
5				
6				

PAY RATE \$28.00/hour

Moving Pay: Teachers required to vacate a classroom shall be given 4 hours at the end of the school year and 4 hours at the beginning of the next school year. Additional pay for circumstances that involve required relocation to another building will be mutually agreed upon between the Deputy Superintendent and the BEA President.

TOTAL REIMBURSEMENT:

_____ @ \$28 = \$ _____

Principal's/Supervisor's Signature _____