



Fairport Harbor Schools-Authorization To Pay Form

To be completed by employee upon completion of duties requiring additional compensation.

Date: _____

Employee Name: _____

Amount Requested: \$ _____

Check Reason For Additional Pay Request:

- Attendance Bonus (Ref to article 15.1J)
- Change in Classroom/Work Area (\$250-Ref. 11.5 FHEA Contract)
- Class Size (Ref to article 17.1 in FHEA Contract)
- Independent Study (\$200 per student per class, please include roster)
- Lead Mentor (.10 of base salary)
- Mentor (.095 of base salary)
- Overload Pay (\$2,000 per class)
- Overnight Duty Stipend (\$100 per night for non-sporting events)
- Supplemental Pay Completion:

Supplemental Contract Title _____
 Uniforms/Equipment all returned ____ Yes or ____ No → Reason _____
 SERS/STRS Hours for this additional pay, please list additional hours worked outside of your regular workday hours. You cannot get credit for working the same day, hours, and/or weeks twice, so only list the hours that are outside of your regular work day hours. *If you are a full time teacher: Hours, days and weeks are not required*
 # of Days _____ # of Hours _____ # of Weeks _____

- Other Reason For Additional Pay (include dates/amount/reason):

Employee Signature: _____ Date: _____

Approved for payment by: _____
 Principal/Athletic Director Date

Approved By: _____
 Superintendent Date