# Ripon Area School District

## Charter School Curriculum Work

***Payment Request***

TEACHER _____ SCHOOL _____

SUBJECT AREA _____

| Dates Worked | Times Worked | Total Hours |
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| **TOTAL HOURS WORKED** | | |

I certify that I have worked the hours as indicated above and request payment for my charter school curriculum work in accordance with the applicable *Salary & Stipend Guide* rate.

Teacher Signature _____ Date _____

**Endorsement/Payment Approval Signatures**

Principal _____

Date _____

Superintendent of Schools _____

Date _____

*(Payroll Office Use only) Pay Rate* _____