





# Avoyelles Parish Title I Tutorial Program

Pay Document



Name: \_\_\_\_\_ Month: \_\_\_\_\_

SSN: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Position, Check one: Teacher ( )      Paraprofessional ( )

Date: \_\_\_\_\_ No. of Students Served: \_\_\_\_\_ Hours: \_\_\_\_\_

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Date: \_\_\_\_\_ No. of Students Served: \_\_\_\_\_ Hours: \_\_\_\_\_

**CONTINUE ON SIDE B**

Total Number of Hours worked during current report period: ..... \_\_\_\_\_

Rate of Pay: \$25.00 per hour for teachers    \$15.00 per hour for paraprofessionals

Rate of Pay \_\_\_\_\_ X # of hours (Side A & B) \_\_\_\_\_ = current month's pay > \_\_\_\_\_

Return this form to the Director of Federal Programs on or before the 5<sup>th</sup> of the month following the month that services were provided.

**I certify that the information provided on this sheet is accurate.**

\_\_\_\_\_  
Signature of Teacher/Paraprofessional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Approved for payment: \_\_\_\_\_

Director of Federal Programs



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Signature of Teacher/Paraprofessional Date

\_\_\_\_\_  
Signature of Principal Date

Approved for payment: \_\_\_\_\_  
Director of Federal Programs

