

CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION – PAYROLL OFFICE 540 East Pleasant Street, Corry, PA 16407-2246 (814) 664-4677 • Fax (814) 664-9645 http://www.corrysd.net

## LOSS OF PLAN PERIOD

Rate: \$22.00/Period

Employee Name (PRINTED):

| DATES WORKED      | TIME IN | TIME OUT | COMMENTS/ADDITIONAL INFORMATION |
|-------------------|---------|----------|---------------------------------|
| EXAMPLE: 09/01/01 | 1:12 PM | 2:02 PM  | SUBSTITUTED FOR JANE DOE        |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |
|                   |         |          |                                 |

| TOTAL PLAN PERIODS |  |
|--------------------|--|
| LOST               |  |

| PLEASE NOTE:  |                             |                          |  |  |  |
|---|-----------------------------|--------------------------|--|--|--|
| * This form must be received by your building secretary the Monday (a week BEFORE) the next scheduled pay in which you wish to receive your compensation for this duty. |                             |                          |  |  |  |
| *Description of why you missed your plan. PLEASE GIVE THE NAME OF THE PERSON FOR WHOM YOU SUBSTITUTED (when this<br>scenario applies).                                  |                             |                          |  |  |  |
| *Incomplete or improperly completed forms will be returned to the employee to complete/correct and re-submit.   |                             |                          |  |  |  |
|   |                             |                          |  |  |  |
| Employee Signature:   |                             | Date:                    |  |  |  |
| Principal's Signature:  |                             |                          |  |  |  |
| ***************************************   |                             |                          |  |  |  |
|   | For Payroll Office Use Only |                          |  |  |  |
| ccount # Date Entered in Payroll:   |                             | Date Entered in Payroll: |  |  |  |
| Date Received:  | Received by:                | 8/2010 lw                |  |  |  |