



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: \$27.00/Period

Employee Name (PRINTED): _____

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

TOTAL PLAN PERIODS LOST	_____
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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 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

Account # _____

Date Entered in Payroll: _____

Date Received: _____

Received by: _____