Human Resource Services

Visiting Educator Processing Form

(Human Resource Services and Payroll Services ONLY)

Ä Visiting Educator Leave Approved

Ä Visiting Educator Leave Denied

Ä Approved Visiting Educator Approval Form Attached (PSL-F192)

Signature: _____

Name: _____ _____	Dates of Leave: From: _____ To: _____	Site: _____ _____
Number of Days Approved: _____	Any days over contract? Ã Yes Ã No If yes, how many? _____	Does contract include days over contracted amount? _____
Annual Salary: $_____	**Contract Daily Rate:** $_____, based on _____ days of annual service.	**Benefits Breakdown (Annual):** STRS: _____ Unemployment: _____ Worker's Comp:_____ Medicare: _____ Retirement Benefit:_____ Health & Welfare:_____ Total Benefits: $_____
Totals: Salary and Benefits Salary: $_____ Benefits: $_____ District Indirect Cost:$_____ **Total:** $_____	**Sent to Contracts Office:** Date: _____ Signed: _____	**Board Approved:** Date: _____ Employee notified on (date) _____ by (signed): _____