

CERTIFICATED MEETING - REQUEST FOR COMPENSATION

Reimbursement for meetings outside normal workday hours
where attendance is compensated

Marysville School District
4220 80th Street N.E.
Marysville, WA 98270-3498

Do Not Include Same Information on Monthly Timesheet

Reason for Meeting _____

Location/Time of Meeting _____

Lunch Period _____

Unless otherwise noted Certificated employees are to be paid at the curriculum rate of pay

Time annotated on this sheet must not be annotated on employee's standard timesheet

This sheet is not designed to be a Meeting Sign In/Out sheet

↓ Times reported below must be outside employee's normal workday hours

Date	Sign In Time	Sign Out Time	Hours Worked	Print or Type Employee Name	Employee's Signature in Ink	Payroll Use Only	
						Hourly Rate	Total

Date _____

Requested by _____

Account Code: _____

Date _____

Approved by _____

Budget Dept
Verification: _____

Date _____

Date _____

Budget Authority _____

Remarks: _____

