

CLASSIFIED MEETING - REQUEST FOR COMPENSATION

Reimbursement for meetings where attendance is compensated

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

Reason for Meeting _____

Location _____

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

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

Date _____

Requested by _____

Account Code _____

Date _____

Approved by _____

Remarks: _____

Date _____

Budget Approval _____

Date	Sign In Time	Sign Out Time	Hours worked	Print or Type Employee Name	Employee's Signature in Ink	Hourly Rate	Total