



WEST ELIZABETH - JEFFERSON HILLS - PLEASANT HILLS

On Site Cyber School Payment Request
 Month of _____ 20__

Complete on a biweekly basis & submit to the Cyber School Administrator at least one week prior to the pay date for that period

Name of Teacher	Employee #
Student Receiving On Site Cyber School Instruction	Grade Level
Name of Course(s)	Budget Code

	Dates of Instruction	# Hours of Instruction	Rate	Amount
1				
2				
3				
4				
5				

Signature of Teacher	Date
Signature Of Cyber School Administrator	Date
Tracy Harris, Director of Finance	Date

Please explain any discrepancy between hours of instruction and rate of pay: (i.e. “student did not show”)