

UINTAH SCHOOL DISTRICT
Supervisor Request Form for Prep Period Payment

Please complete one form for each Employee

EMPLOYEE NAME: _____ DATE: _____

Prep Payment Budget Number: ____ . ____ . ____ . ____ . ____ . ____ . ____

Prep Payment Position Control Number: _____

➤ Trimesters Teaching: 1st ____ 2nd ____ 3rd ____

Voucher will be Submitted: End of Trimester ____

**A voucher must be submitted to payroll in order to receive payment.*

After you have completed the above, please submit this form to *Laura Graham* in the Human Resources Office. She will then forward it to the appropriate program accountant for a signature to indicate that adequate funding is or is not available.

Principal /Supervisor Signature: _____ Date: _____

For business office use:

Base Salary (excludes legislative increase): \$ _____

Total Prep Payment Amount: \$ _____

Sufficient budget to approve change request? YES _____ NO _____

Business Office Signature: _____ Date: _____