

Compensation Request



Staff Name:

Supervisor Name:

Date of Submission:

As a Waterfront Learning instructional staff member, you must document and submit your *hourly compensation* request (sample below) for each pay period. To properly document the length of time, please round your time to the nearest quarter hour. Compensation cannot be approved until a supervisor has verified the request below.

Please send your completed compensation request form along with your approval of compensation for each pay period to ensure timely compensation approval.

LOG OF ACTIVITIES

DATE OF ACTIVITY	TITLE OF ACTIVITY	LENGTH OF TIME	DETAILS (TOPICS AND DELIVERY)
3/23/2016	<i>Example:</i> <u>Quarter Professional Development</u>	1.25	<i>The professional development offered demonstrated how to transition students into the next quarter of their sections correctly based on start dates, end dates, naming conventions, and teachers.</i>

If monthly compensation request exceeds number of blocks provided, please continue your request on a second form.