HAMTRAMCK PUBLIC SCHOOLS

PERFECT ATTENDANCE INCENTIVE

Elementary Schools

DATE: _______________________________________________

NAME: _______________________________________________

(Please Print)

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS IN A MARKING PERIOD WILL RECEIVE A PAYMENT OF $125.00 FOR THAT MARKING PERIOD.

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS DURING THE LAST MARKING PERIOD SHALL RECEIVE $150.00.

1ST MARKING PERIOD 08/25/15 – 11/11/15 ____________________________

2ND MARKING PERIOD 11/12/15 – 01/29/16 ____________________________

3RD MARKING PERIOD 01/30/16 – 04/13/16 ____________________________

4TH MARKING PERIOD 04/14/16 – 06/16/16 ____________________________

(PLEASE INITIAL ABOVE IN THE MARKING PERIOD THAT YOU ARE REQUESTING PAYMENT FOR). THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE WITHIN TWO WEEKS OF THE MARKING PERIOD END DATE.

EMPLOYEE SIGNATURE: ________________________________________

PRINCIPAL SIGNATURE: ________________________________________
HAMTRAMCK PUBLIC SCHOOLS

PERFECT ATTENDANCE INCENTIVE

KOSCIUSZKO MIDDLE SCHOOL AND HAMTRAMCK HIGH SCHOOL

DATE: _______________________________________________

NAME: _______________________________________________

(Please Print)

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS IN A MARKING PERIOD WILL RECEIVE A PAYMENT OF $125.00 FOR THAT MARKING PERIOD.

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS DURING THE LAST MARKING PERIOD SHALL RECEIVE $150.00.

1ST MARKING PERIOD 08/25/15 – 11/11/15 __________________________________________

2ND MARKING PERIOD 11/12/15 – 01/29/16 _______________________________________

3RD MARKING PERIOD 01/30/16 – 04/13/16 _______________________________________

4TH MARKING PERIOD 04/14/16 – 06/16/16 _______________________________________

(PLEASE INITIAL ABOVE IN THE MARKING PERIOD THAT YOU ARE REQUESTING PAYMENT FOR). THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE WITHIN TWO WEEKS OF THE MARKING PERIOD END DATE.

EMPLOYEE SIGNATURE: ________________________________________________

PRINCIPAL SIGNATURE: ________________________________________________
HAMTRAMCK PUBLIC SCHOOLS

PERFECT ATTENDANCE INCENTIVE

HORIZON ALTERNATIVE EDUCATION

DATE: ________________________________

NAME: ________________________________

(Please Print)

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS IN A MARKING PERIOD WILL RECEIVE A PAYMENT OF $125.00 FOR THAT MARKING PERIOD.

TEACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS DURING THE LAST MARKING PERIOD SHALL RECEIVE $150.00.

1ST MARKING PERIOD 08/25/15 – 11/11/15 ______________________________

2ND MARKING PERIOD 11/12/15 – 01/29/16 ______________________________

3RD MARKING PERIOD 01/30/16 – 04/13/16 ______________________________

4TH MARKING PERIOD 04/14/16 – 06/16/16 ______________________________

(PLEASE INITIAL ABOVE IN THE MARKING PERIOD THAT YOU ARE REQUESTING PAYMENT FOR). THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE WITHIN TWO WEEKS OF THE MARKING PERIOD END DATE.

EMPLOYEE SIGNATURE: ________________________________

PRINCIPAL SIGNATURE: ________________________________