## HAMTRAMCK PUBLIC SCHOOLS

# PERFECT ATTENDANCE INCENTIVE

# **Elementary Schools**

ATE:	
AME:	
(Please Print)	
EACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS IN A MARKING PERIOD ECEIVE A PAYMENT OF \$125.00 FOR THAT MARKING PERIOD.	) WIL
EACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS DURING THE LAST ARKING PERIOD SHALL RECEIVE \$150.00.	
T MARKING PERIOD 08/25/15 – 11/11/15	
<sup>ID</sup> MARKING PERIOD 11/12/15 – 01/29/16	
<sup>D</sup> MARKING PERIOD 01/30/16 – 04/13/16	
<sup>H</sup> MARKING PERIOD 04/14/16 – 06/16/16	
LEASE INITIAL ABOVE IN THE MARKING PERIOD THAT YOU ARE REQUESTING AYMENT FOR). THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE WITHIN EEKS OF THE MARKING PERIOD END DATE.	I TWC
MPLOYEE SIGNATURE:	
RINCIPAL SIGNATURE	

### HAMTRAMCK PUBLIC SCHOOLS

## PERFECT ATTENDANCE INCENTIVE

#### KOSCIUSZKO MIDDLE SCHOOL AND HAMTRAMCK HIGH SCHOOL

OATE:
VAME: (Please Print)
EACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS IN A MARKING PERIOD WILL ECEIVE A PAYMENT OF \$125.00 FOR THAT MARKING PERIOD.
EACHERS WHO DO NOT USE ANY SICK OR PERSONAL DAYS DURING THE LAST IARKING PERIOD SHALL RECEIVE \$150.00.
ST MARKING PERIOD 08/25/15 – 11/11/15
ND MARKING PERIOD 11/12/15 – 01/29/16
RD MARKING PERIOD 01/30/10 – 04/13/16
TH MARKING PERIOD 04/14/16 – 06/16/16
PLEASE INITIAL ABOVE IN THE MARKING PERIOD THAT YOU ARE REQUESTING AYMENT FOR). THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE WITHIN TWO VEEKS OF THE MARKING PERIOD END DATE.
MPLOYEE SIGNATURE:
RINCIPAL 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 WIL 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.
1 <sup>ST</sup> MARKING PERIOD 08/25/15 – 11/11/15
2 <sup>ND</sup> MARKING PERIOD 11/12/15 – 01/29/16
3 <sup>RD</sup> MARKING PERIOD 01/30/16 – 04/13/16
4 <sup>TH</sup> 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: