

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: _____

