

PAYROLL REQUEST FOR IAT/IEP REIMBURSEMENT

Completion of this form will satisfy the payroll requirements necessary for reimbursement for IAT/IEP per Articles 11.11 and 11/12 of NCTA negotiated agreement.

NOTE: No compensation will be provided unless the meeting time and membership are pre-approved by a district administrator.

Payroll Date _____

Date of Meeting _____ Time of Meeting _____

Reason for Meeting _____

Staff Members:

Print Name Signature \$25.00

Print Name Signature \$25.00

Print Name Signature \$25.00

Print Name Signature \$25.00

Print Name Signature \$25.00

I certify that the above named staff member(s), pre-approved the scheduled date and time of the meeting and attended as noted. Therefore, reimbursement may be paid in accordance with Article XI of the NCTA negotiated agreement.

IAT/IEP Chairman

Building Administrator