



## DISTRICT SCHOOL BOARD OF PASCO COUNTY

### REIMBURSEMENT FORM FOR AFTER HOURS IEP CONFERENCE

MIS Form #722  
Rev. 01/24

This form is to be utilized ONLY in cases where release time and/or use of substitutes during the school day is not feasible. (eg: parent request)

**PRE-APPROVAL BY THE SCHOOL ADMINISTRATOR IS REQUIRED BEFORE AFTER SCHOOL TIME CAN BE USED.**

School Based Administrative Signature Pre-Approval \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

IEP Conference Date \_\_\_\_\_ for Student \_\_\_\_\_

Name of Participants to be Paid	After Hours Time <small>Employee contracted hours</small>	Employee Signature	Employee ID#	Time employee worked outside contracted hours				Total Hours	Hourly Rate <small>(Completed by HR)</small>	Total Payment <small>(Completed by HR)</small>
				<small>Start AM/PM</small>		<small>End AM/PM</small>				

Parent in attendance: Yes \_\_\_ No \_\_\_ Student in attendance: Yes \_\_\_ No \_\_\_

IEP Conference Date \_\_\_\_\_ for Student \_\_\_\_\_

Name of Participants to be Paid	After Hours Time <small>Employee contracted hours</small>	Employee Signature	Employee ID#	Time employee worked outside contracted hours				Total Hours	Hourly Rate <small>(Completed by HR)</small>	Total Payment <small>(Completed by HR)</small>
				<small>Start AM/PM</small>		<small>End AM/PM</small>				

Parent in attendance: Yes \_\_\_ No \_\_\_ Student in attendance: Yes \_\_\_ No \_\_\_

Administrator Final Approval Required for Payment

Fund	Cost Center	Level	Project	Object/GL	Function	Group

\_\_\_\_\_  
School Based Administrator Signature/Date

\_\_\_\_\_  
District OSSPS Cost Center Signature/Date