



DISTRICT SCHOOL BOARD OF PASCO COUNTY
REIMBURSEMENT FORM FOR AFTER HOURS IEP/TIEP CONFERENCE

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.

Administrative Signature Pre-Approval _____ Date _____ School _____

IEP/TIEP Conference Date _____ for Student _____

Name of Participants to be Paid	After Hours Time		Employee Signature	Employee Number	Total Hours	Hourly Rate (Completed by HR)	Total Payment (Completed by HR)
	Start	End					

Parent in attendance: Yes _____ No _____ Student in attendance: Yes _____ No _____

IEP/TIEP Conference Date _____ for Student _____

Name of Participants to be Paid	After Hours Time		Employee Signature	Employee Number	Total Hours	Hourly Rate (Completed by HR)	Total Payment (Completed by HR)
	Start	End					

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

 Signature/Date

DISTRIBUTION: DO Payroll; DO OSSPS

 District OSSPS Cost Center Signature/Date