



Human Resource Services

Visiting Educator Processing Form (Human Resource Services and Payroll Services ONLY)

Visiting Educator Leave Approved Approved Visiting Educator
 Visiting Educator Leave Denied Approval Form Attached
(PSL-F192)

Signature: _____

Name: _____ _____	Dates of Leave: From: _____ To: _____	Site: _____ _____
Number of Days Approved: _____	Any days over contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Does contract include days over contracted amount? _____
Annual Salary: \$ _____	Contract Daily Rate: \$ _____, based on _____ days of annual service.	Benefits Breakdown (Annual): STRS: _____ Unemployment: _____ Worker's Comp: _____ Medicare: _____ Retirement Benefit: _____ Health & Welfare: _____ Total Benefits: \$ _____
Totals: Salary and Benefits Salary: \$ _____ Benefits: \$ _____ District Indirect Cost: \$ _____ Total: \$ _____	Sent to Contracts Office: Date: _____ Signed: _____	Board Approved: Date: _____ Employee notified on (date) _____ by (signed): _____