



Central Valley School District No. 356

BUILDING ADMINISTRATOR REQUEST FOR VOLUNTARY DAY COMPENSATION

Administrator _____ School _____

DATE(S) REQUESTED

ACTIVITY

Administrator's Signature

Date

Recommendation by supervisor:

YES NO

Signature of Supervisor

Superintendent approved:

YES NO

Superintendent's Signature

RETURN ALL THREE COPIES TO APPROPRIATE SUPERVISOR

White: Payroll Office
Yellow: File
Pink: Building Administrator