

Please complete the top portion of the application and submit to the Principal or Designee for consideration. Upon review, you will be notified of the approved work and hours. Once work is completed, please submit for final review and approval for payment. Once your work has been approved, please submit a Payment Request for the approved reimbursement.

Name:	_ Date:		
Describe (in detail) the curriculum develop	ment and/or re	evisions:	
Anticipated completion date:			
Anticipated hours to complete: \$35	.00/hour	Total requested:	
ignature of Applicant	Date		
Hrs. @ \$35.00/hour	Total reimbursement appro		approved:
Curriculum Work accepted for reimbursem	ent		
	Principal/	Designee Signature	Date