

**Columbus Municipal School District
Recommendation for Off Contract Work**

*Name of Employee_____

Social Security Number_____

Location_____
(Place of training/program)

Type of Training/Program_____

Dates (start and end) - total # of days_____

Rate of Pay (hourly rate & # of hours per day)_____

Funding Source_____
(Examples – grant – please use grant name--, special education, district, student tuition, etc.)

AUTHORIZED BY:

Name_____

Date_____

***If there is more than one employee, you may attach a list with each name and social security number. You are responsible for reporting the participant's name, social security number, and the date(s) of the training to payroll by the payroll reporting deadline. This report must also be signed and dated by the responsible administrator.**

** This information must be submitted to the personnel office for board action one week prior to the board meeting.**