Form PLD

PLANNING & DEVELOPMENT PERIODS
2016 -2017

Fax to: Boston Public Schools, Payroll Department, 617-635-9003

School: _____ **R.C. #: _____Tel. #: _____**

Check Box: 9/1 – 01/31 ❒ $28.30

02/1 – 6/30 ❒ $28.30

Signature of Principal/Headmaster: _____

NAME/TITLE (Teacher)	EMPLOY. STATUS *	EMPLOY. I.D.	EMP. REC. NUMBER	NO. OF PERIODS	RATE	TOTAL AMOUNT

***A = Active**
L = Leave of Absence
T = Terminated
Revised 11/01/16