Form ASE

ADMINISTRATIVE SPED 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.	EMPLOY. RECORD NUMBER	NO. OF PERIODS	RATE	TOTAL AMOUNT

***A = Active**
L = Leave of Absence
T = Terminated

Revised 11/01/16