Form ASE

ADMINISTRATIVE SPED PERIODS
2019-2020

Fax to: Boston Public Schools, Payroll Department, 617-635-9003 Email: ohcpayroll@bostonpublicschools.org

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

Check Box: Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐

Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Rate: 30.94 (6:09 – 6:39 hrs)

Rate: 33.43 (6:40 – 7.09 hrs)

Rate: 34.47 (7:10+ hrs)

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