

PLANNING & DEVELOPMENT PERIODS 2019 -2020

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

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

Rate: 30.94 (6:09 – 6:39 hrs)
Rate: 33.43 (6:40 – 7.09 hrs)
Rate: 34.47 (7:10+ hrs)

Check Box: Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

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