

WATERVLIET CITY SCHOOL DISTRICT

Business Office

1245 Hillside Dr.
Watervliet, NY 12189
(518) 629-3203

REQUEST FOR PAYMENT OF SERVICES

Dates(s)	Time In	Lunch Out	Lunch In	Time Out	Total Hours:	Sick/Pers/Fam. Sick

Total Number of Hours: _____

Please Circle: WES or WHS

Name of Student(s) if Home Tutoring or Home Teaching:

Signature of Employee:

Date: _____

Position: _____

Approved By: _____

Date: _____