

Month/Year:	
Student Name:	Student ID #:
Hourly Wage: \$	Total Hours Worked:
Total Compensation: \$	

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_____ School timesheets:

As part of the special education program at _____ School, students will participate in vocational training. They are currently being paid a stipend of \$_____ per hour for up to two hours per day, _____ days per week, throughout the _____ school year.

Please make a check for the above amounts payable to each student as indicated. Please send their checks to _____, special education teacher, at _____ School for delivery to each of the students.

Thank you,

(name of submitting teacher)