

Carbon Cliff-Barstow School District #36  
Eagle Ridge School

Assigned Class or Duty Compensation

Date Worked \_\_\_\_\_

Name (printed) \_\_\_\_\_

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Hours \_\_\_\_\_

Reason for assigned class or duty compensation:

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Rate of pay \$ \_\_\_\_\_ X \_\_\_\_\_ (total hours) = \$ \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Date \_\_\_\_\_

VISION STATEMENT  
*Every Student - Every Day*