

**SLVUSD Charter School
Contract Teacher Request Form**

Requesting Program: Ch25, WO, BCEHS, FCHS, CRHS, CRMS, NA, MIS

Teacher Information

Teacher's full name:

Address:

Phone Number

Email

Social Security Number

Compensation:

Hourly rate of pay

Hours per class

of classes

Total Contract Amount (include benefits, usually 10%) \$

Frequency of payment: One payment, Monthly, Quarterly, Other

First Payment Date:

Last Payment Date:

Please note: First payment occurs after services are performed.

Course Information

Please write a description of the course on the back of this sheet

Dates:

Times:

Location(s):

Class Size Limit:

Open to charter students outside program: Yes No

For Office Use Only

Budget String:

Linked PO Numbers:

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Please describe the course:

Please list any Materials or supplies in addition to this contract that are used for this class:

Vendors

Total

Please remember to attach all Purchase Order Requests for this course

For Office Use Only
Budget String:

Linked PO Numbers:

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