

Boyertown Area School District

Paraprofessional *Professional Development* Payment Form

Employee _____ Building _____

Employee ID _____

Date	Activity	Hours
	ACCESS Funded CPR and First Aid Training ASN: 0012900000089012/191	
	TOTAL HOURS	

Employee Signature _____ Date _____

Principal Signature _____ Date _____

ASN: 002272000000020/191

Rate: Regular Hourly Pay

Administrator Signature _____ Date _____

NOTE: Payment form MUST be submitted within 30 days of completion of work

***Remember to request pre-approval on My Learning Plan.
Upon completion send this form to:**

**Office of Teaching and Learning
Education Center
610-369-7403**
