

Nazareth Area School District - Absence Report

Employee's Name (PRINT - Last, First)

Building

Substitute

Date of Absence(s):

of Days Absent:

Reason for Absence: (MUST check one)

Illness - (3 consecutive days or longer requires a doctor's note. Please attach.)

Family Illness

Personal

Vacation

Jury Duty

Death of Family - max 3 days

Date of Death:

Date of Funeral:

Death of Relative - max 1 day

Date of Death:

Date of Funeral:

School Business

Building - Conference/Wrkshp

Building - Other

District - Conference/Wrkshop

District - Special Education

District - Pupil Services

District - C & I

District - Athletics

District - Other

Comp Time # of Hours

Other

Employee Signature

Administrator Signature

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Employee Signature

Administrator Signature

NAZARETH AREA SCHOOL DISTRICT
One Education Plaza
Nazareth, PA 18064-2397
(610) 759-1170

Note for High School:

These absences are considered to be cumulative.

A F F I D A V I T

STATE OF PENNSYLVANIA)
COUNTY OF NORTHAMPTON)

Before me, the undersigned notary public, this day, personally appeared _____, who being duly sworn according to
(Name of parent/guardian)

law, deposes and says that:

_____ is the son/daughter of _____,
and is _____ grade student at _____ School,
residing at _____.

They will be traveling to _____,
which will necessitate _____ days of absence from school
beginning _____ and extending through _____.
(first day of travel) (last day of travel)

The purpose of the intended trip and the involved travel will be a positive, educational experience for said child.

My signature below indicates that I have received and fully understand the expectations and my responsibilities and those of my child under Policy #204.1. A copy of the affidavit, sworn to by a notary or magistrate, must be returned to the building office ten (10) days prior to the student's absence from school resulting from family educational trip. Any days taken beyond the maximum of five (5) days permitted for educational trips in a given year may be considered unexcused and unlawful for students under the age of seventeen (17) and unexcused for students seventeen (17) years of age and over. Appropriate legal action may be taken where applicable. Permission will not be granted for trips/tours during the state's standardized testing periods, and the secondary school examination periods at the end of the first and second semesters. If trips are taken, the days will be considered unlawful/unexcused.

(Your signature)

Sworn to and subscribed before me,
this _____ day of _____,
20____.

(Notary Public)

NAZARETH AREA SCHOOL DISTRICT
One Education Plaza
Nazareth, PA 18064-2397
(610) 759-1170

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COUNTY OF NORTHAMPTON)

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and is _____ grade student at _____ School,
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(Your signature)

Sworn to and subscribed before me,
this _____ day of _____,
20____.

(Notary Public)

**NAZARETH AREA SCHOOL DISTRICT
COMPENSATORY TIME/OVERTIME COMPENSATION PRE-APPROVAL REQUEST**

ALL REQUESTS FOR COMPENSATORY TIME AND OVERTIME COMPENSATION MUST BE APPROVED PRIOR TO WORK BEING COMPLETED.

I understand that the time I am requesting for consideration for compensatory time and/or overtime compensation is not a part of any professional development hours that I am receiving credit for. _____
Employee's Initials

I understand that the time I am requesting for consideration for compensatory time and/or overtime compensation is not a part of any EPED compensation or similar compensation that I receive payment for. _____
Employee's Initials

I understand that the time I am requesting for consideration for compensation is for work performed outside of the contractual day. _____
Employee's Initials

I understand that failure to submit a pre-approval request may forfeit the possibility of receiving consideration of any compensatory time and/or overtime compensation. _____
Employee's Initials

_____ Name of Employee

_____ Position

_____ Building

_____ Date(s) of Proposed Extra Work

_____ Amount of Time for Proposed Extra Work (# in hours)
MUST complete Compensatory Time Record on reverse side

_____ Proposed Compensatory Date

Will coverage and/or a substitute be needed for the compensatory time/date? Yes No

_____ Amount of Overtime Payment Requested
MUST complete Hourly Time Sheet

REASON FOR EXTRAORDINARY WORK:

Employee's Signature: _____ Date: __/__/__

Immediate Supervisor: _____ Date: __/__/__ Approved Denied

Superintendent Review: _____ Date: __/__/__ Approved Denied

Pre-approval is required. Please submit a copy of this form to the Superintendent's Office to request compensatory time and/or overtime compensation. A copy of this form will be returned to you. If approved, and requesting Compensatory Time, complete the Time Record on the reverse side, obtain proper approval after work has been completed and forward copies as indicated. If requesting overtime payment, complete a standard Hourly Time Sheet. Your copy of the pre-approval **MUST** be attached to the payroll sheet as back-up when the compensatory time is actually used or attached to an approved time sheet when submitting for overtime payment.

Compensatory time must be taken within the same school year earned. If not, said time will be compensated in the last pay of June. Compensatory time may not be taken prior to being earned.

The use of compensatory day/time is at the sole discretion of the individual's immediate principal/supervisor and may be denied on a specific day/time for any reason.

COPY TO: Employee
Department/Building Reporting Payroll Secretary

ORIGINAL TO: Business Office Payroll Specialist

7/7/16

Nazareth Area School District

Compensatory Time Record

Name **(PLEASE PRINT)** _____

Date:	Start Time:	End Time:	Total Hours Worked:	Specific Work Performed:
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
/ /	:	:		
Total Hours Completed				

After all pre-approved work has been completed, submit this time sheet to your immediate supervisor for approval.

Once approved, a copy MUST be forwarded to:

- Department/Building Reporting Payroll Secretary
- Business Office Payroll Specialist

Employee Signature Date

Administrator Approval Date

Nazareth Area School District

Hourly Time Sheet – Effective 2016-17 School Year

Name **(PLEASE PRINT)** _____

Employee Substitute
(Check appropriate box)

Reporting Pay Period Dates _____

If Substitute, for Whom did you cover –employee name? _____

Type of Assignment or Duties Performed: (ex. - Hall/Café Monitor, Hall/Café Monitor Substitute, PT District Assistant, District Assistant Substitute, Associate Teacher Substitute, Associate Nurse Substitute, Secretary Substitute, Data Entry Associate, Extended School Year, Tutor, Extra Help, Professional Development, Curriculum Development, Teacher Leader)

Building Work Performed (HS, MS, IS, SES, LNES, BES)

IF DIFFERENT POSITIONS OR LOCATIONS ARE WORKED IN THE SAME PAY PERIOD, PLEASE COMPLETE A TIME SHEET FOR EACH POSITION OR LOCATION WORKED.

Date:	Start Time:	Lunch Out:	Lunch In:	End Time:	Total Hours Worked:
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	
/ /	:	:	:	:	

Total Hours to Be Compensated

At the end of the pay period, submit this time sheet to the appropriate Administrator for approval.

Employee Signature _____ Date _____

Administrator Approval _____ Date _____

Payroll Use ONLY:

Account Code

	x		=	
Hours		Rate		Gross

NAZARETH AREA SCHOOL DISTRICT

CONFERENCE/MEETING ATTENDANCE FORM
(One Per Person)

Submitted By: _____

Date Submitted: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

City & State: _____

Type of Activity:

- _____ Workshop
- _____ Conference
- _____ Other

Source of Funds:

- _____ Athletics
- _____ Assistant Superintendent
- _____ Building & Grounds
- _____ Business Office
- _____ Central Registration
- _____ Curriculum & Instruction
- _____ Food Service
- _____ Human Resources
- _____ Individual School Budget
(HS, MS, IS, SES, LNES or BES)
- _____ Instructional Technology
- _____ Pupil Services
- _____ Security Services
- _____ Special Education
- _____ Superintendent
- _____ Title I
- _____ Transportation

Estimated Expenses:

_____ Registration Fee/s (Object 360)

_____ Substitute/s (\$164 per day)

_____ Travel (Object 580)

(By Car: _____ miles by .575) **as of 9/1/20**

(Tolls: _____)

(By Air: _____)

(Other: _____)

_____ Hotel (Object 580)

_____ Meals (Object 580)

\$30 max. per day excluding max. of 15% gratuity)

(An itemized receipt must be submitted.)

\$ _____ Total

(The District will not reimburse for Act 48 Credits)

PLEASE COMPLETE THE BACK (OR NEXT PAGE) OF THIS FORM

_____	Employee	_____	Date
_____	Immediate Supervisor	_____	Date
_____	Assistant to the Superintendent	_____	Date
_____	Superintendent	_____	Date
_____	Business Administrator	_____	Date

NAZARETH AREA SCHOOL DISTRICT
CONFERENCE/MEETING ATTENDANCE FORM
(One Per Person)

REGISTRATION INFORMATION

ACCOUNT NUMBER/S _____
ACCOUNT NUMBER/S _____

Amount of Check: _____

Check Payable to: _____

Registration Due Date: _____

Check One: _____ Mail check with attached forms to:

_____ Return check to: _____

AFTER receiving an Approval Confirmation email from Accounts Payable, the employee is responsible for making their own conference and hotel reservations. The employee is not permitted to make any reservations until **FULL** approval has been received.

**Attach a completed registration form.
Submit to your immediate supervisor.**

Please Note:

If all the necessary information is not completed, including the whole account number, this form will be returned to the immediate supervisor for completion. This will delay the processing of this application.

**NAZARETH AREA SCHOOL DISTRICT
TRAVEL EXPENSE FORM**

This expense form must be complete and signed in order to secure reimbursement for any expense incurred while attending or participating in activities approved as beneficial to the operation of the school program. *Excluded* from reimbursement are sales tax and alcoholic beverages – **itemized** receipts must be attached. Up to 15% will be reimbursed for gratuity.



Name - _____ **Date Attended** - _____

Building - _____ **Date Submitted** - _____

Transportation:

1 - Use of your own car. Number of miles _____ @ 0.575 cents *As of 9/1/20*
(Transfer total from reverse side) **Amount Due** _____

2 - Other means of travel: (Attach Receipts)
Indicate by: Train / Plane / Bus
Starting Point: _____
Destination: _____
Amount Due _____

3 - Other Travel Expenses: (Attach Itemized Receipts)
Type _____ **Amount Due** _____

*Hotel Expenses: (Attach Itemized Receipts) **Amount Due** _____

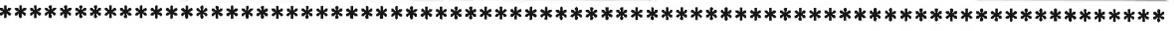
*Meals: (Attach Itemized Receipts – *excluding sales tax*) **Amount Due** _____
--a maximum of 15% will be reimbursed for gratuity--

*Registration Fee: (Attach Itemized Receipts) **Amount Due** _____

*Miscellaneous Expenses: (Attach Itemized Receipts)
Type _____ **Amount Due** _____

***Note: Itemized receipt must be submitted. Credit card receipts alone are not sufficient.
You will NOT be reimbursed if an itemized receipt is not included.**

SIGNATURE _____ **TOTAL EXPENSE** _____



Immediate Supervisor _____ Date _____

Business Administrator _____ Date _____

ACCOUNT NUMBER _____ \$ _____
_____ \$ _____
_____ \$ _____

**NAZARETH AREA SCHOOL DISTRICT
REQUEST TO MOVE (CAP/NON-CAP ASSET) EQUIPMENT**

(Please type or print clearly.)

Employee Name: _____ Date of Request: _____

Current Building: _____ Current Room #: _____

Item Description: _____ Asset Tag #: _____

Manufacturer: _____

Model #: _____ Serial #: _____

Reason for Move: _____

Equipment Moved to:

Building: _____ Room #: _____

_____ Permanent Temporary _____

Until: _____ (Date)

Employee Signature: _____ Date: _____

(For Administrative Use Only)

Approval: _____ Date: _____

Approval: _____ Date: _____

for all technology items)

Approval: _____ Date: _____

(Business Administrator)

Please forward this form to the Business Administrator - Thank You!



NAZARETH AREA SCHOOL DISTRICT

New Asset - Entry

Fields marked with * are required fields.

BASIC ASSET INFORMATION

Asset Tag * _____ Status _____ Description

Acq. Date * _____ Acq. Method * _____

Class * _____

Quantity * _____ Total Cost * _____

Attached Tag _____ Replacement Cost * _____

Condition * _____ Exclusion Amount * _____

Vendor _____ Actual Cash Value * _____

Doc Ref # _____ Book 1 Accum. Depr * _____

Manufacturer _____ Book 1 Depr. Date * _____

Model _____ Book 2 Accum Depr. * _____

Serial # _____ Book 2 Depr. Data * _____

PHYSICAL LOCATION *

Site _____

Building _____

Room _____

ASSET DEPARTMENTS *

ASSET FUNDING *

Activity / Department	Dept %	Fund Type / Fund

Grants

In an effort to more accurately budget for local grants, please complete the information listed below and return with your budget documents.

Thank you!

School: _____

Grant Name: _____

Funded by: _____

Approximate amount of grant: _____

Likelihood of grant approval: _____

Brief description of use of funds: _____

Grant Applicant – Name/Position: _____

(Submit to the Business Office for budgeting purposes)

Asset Disposal Form

Fields marked with * are required fields.

BASIC ASSET INFORMATION

Asset Tag * _____

Description* _____

Acq. Date _____
(If known)

Total Cost _____
(If known)

Quantity * _____

Manufacturer _____

Model * _____

Serial # * _____

Method of Disposal* _____

Date sent to Board
for approval of
Disposal* _____

PHYSICAL LOCATION *

Site _____

Building _____

Room _____

Reason for Disposal *

Signature* _____

Date _____