

Pulaski County Special School District
Temporary Academic Interventionist

Employee:

Fiscal Year:

I, _____, understand I am contracted to work _____ hours per week
for _____ weeks at _____ (School).

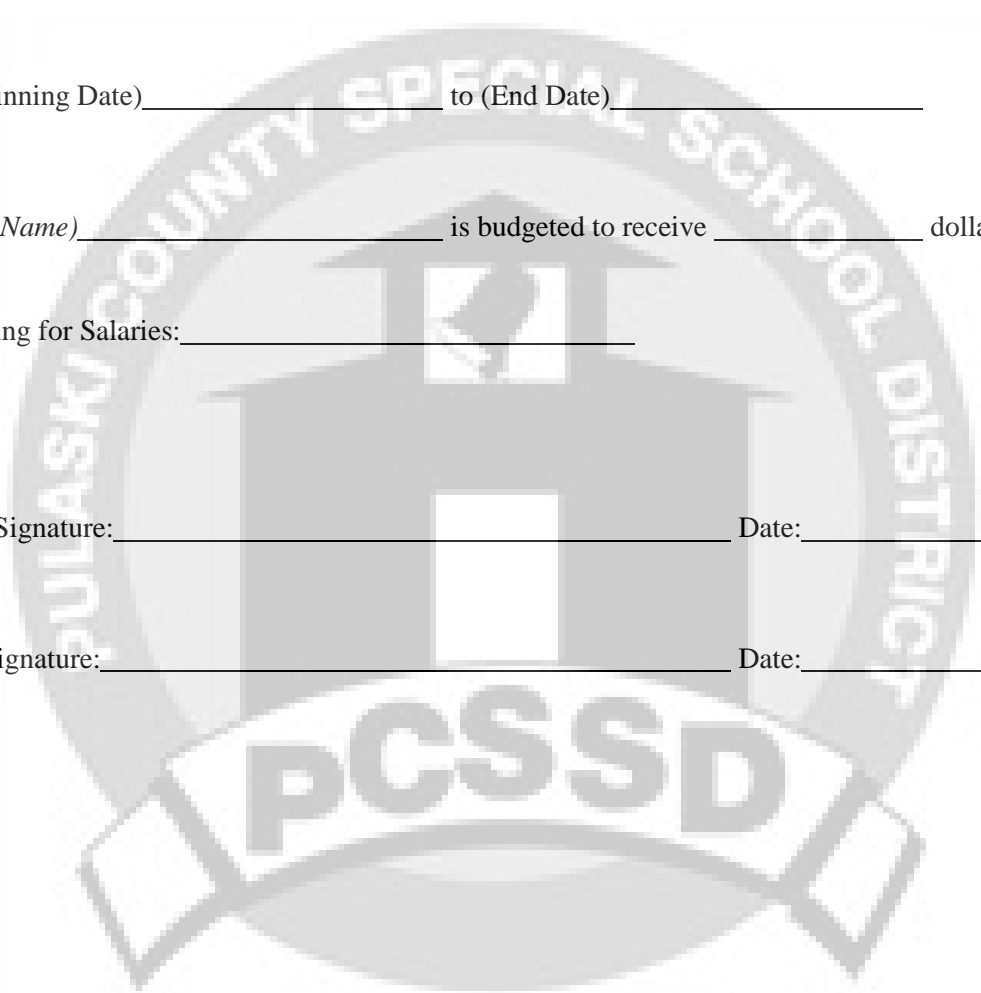
From (Beginning Date) _____ to (End Date) _____

(Employee Name) _____ is budgeted to receive _____ dollars in
salaries.

Budget String for Salaries: _____

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____



Attach a copy of the ACSIP action used for this Employee.