

**Compensation Request Form
Prairie Lakes AEA
2021-2022 School Year**

This form is to be completed by the Supervisor whenever a licensed staff member is assigned extra duties as a result of the agency's inability to fill existing vacancies. The request must be approved by the Chief Administrator before additional compensation is remitted to affected staff member(s). Complete one form for each licensed staff member assigned additional duties that constitute an extra workload of 20% or greater from previous years.

Staff Member _____ Discipline _____ Region _____ Office _____

Staff member's projected assignment before adjustment? (Complete only spaces that apply)
District(s) _____

School (s) _____

Workload _____(IEPs/IFSPs) _____(Bldgs) _____(Preschools) _____(Sp Ed Programs) _____(Stops)
_____ (Specialty Teams) _____(Other)

Describe:

Staff member's projected assignment after adjustment? (List only *additional* districts, schools, caseloads, etc.)

District(s) _____

School (s) _____

Workload _____(IEPs/IFSPs) _____(Bldgs) _____(Preschools) _____(Sp Ed Programs) _____(Stops)
_____ (Specialty Teams) _____(Other)

Describe:

Will the adjusted assignment differ significantly from the workload of other staff members within this discipline?

Yes _____ No _____ How so? (Please describe)

Staff Member Signature _____ Date _____

Supervisor Signature _____ Date _____

Regional Administrator Disposition

_____ No Additional Compensation

_____ 15 Days Maximum Additional Compensation
(Per Diem Rate)

_____ 5 Days Maximum Additional Compensation
(Per Diem Rate)

_____ 20 Days Maximum Additional Compensation
(Per Diem Rate)

_____ 10 Days Maximum Additional Compensation
(Per Diem Rate)

_____ 25 Days Maximum Additional Compensation
(Per Diem Rate)

_____ **Beginning Date of Extra Compensation**

_____ **Ending Date of Extra Compensation**

CFO Signature _____

Date _____

Chief Administrator Signature _____

Date _____