



SPP/Pathway & SPP HUB Classrooms

Teacher Release Time - Monthly Invoice

Send check to:

Agency Name: _____
 Address: _____
 Contact Person: _____
 Phone: _____
 Email: _____
 For training during month of: _____

Send invoice/supporting documents by 10th of every month to:

Jeremy Wilde
 Department of Education and Early Learning
 PO Box 94665
 Seattle WA 98124-6965
 P: 206-677-1723
 jeremy.wilde@seattle.gov

| Teacher Name | Lead/Asst/ Substitute Teacher | Date(s) of Training | Name of Training | # of Hours | Hourly Rate* | Total |
|------------------------------|-------------------------------|-------------------------------------|--------------------|------------|--------------|--------------|
| <i>First & Last Name</i> | Ⓛ A S | <i>mm/dd/yr to mm/dd/yr</i> | <i>Pre-Service</i> | <i>18</i> | <i>\$19</i> | <i>\$342</i> |
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| Total: | | | | | | |

***NOTE:** Teachers and assistant teachers in SPP classrooms will be paid at their actual rate or the SPP salary requirements for their position, (whichever is lower), or the city approved rate for all City-required trainings, including the Annual Pre-Service training; approved curriculum, content, assessment trainings; and Professional Learning Community (PLC) sessions.

Please check only one box:

- I have attached documentation from my agency's billing system showing that the agency paid the teacher(s) above for the training days and hours entered, and the amount paid (**non-HUB sites only**).
- I certify that my agency paid the above individual(s) for the dates above—either for attending eligible training, or as a substitute for a teacher attending an eligible training.

Name Title Date