

IN-HOUSE FACILITATOR COMPENSATION FORM

Print

Title of Presentation(s): _____

PAYMENT SCHEDULE

<u>Individual</u>	
<input type="checkbox"/> 1 Hour Presentation	\$83.64
<input type="checkbox"/> 2 Hour Presentation	\$168.30
<input type="checkbox"/> 3 Hour Presentation	\$168.30
<input type="checkbox"/> Presentation Greater Than 3 Hours	\$199.92
<input type="checkbox"/> 2 Hour Workshop Repeated During the Same Day	\$199.92
<input type="checkbox"/> Two Different 2 Hour Workshops	\$312.12

<u>Group (3 or More)</u> – Presenters divide the payment	
<input type="checkbox"/> 1 Hour Presentation	\$193.80
<input type="checkbox"/> 2 Hour Presentation	\$381.48
<input type="checkbox"/> 3 Hour Presentation	\$381.48
<input type="checkbox"/> Presentation Greater Than 3 Hours	\$469.20
<input type="checkbox"/> 2 Hour Workshop Repeated During the Same Day	\$469.20
<input type="checkbox"/> Two Different 2 Hour Workshops	\$536.52

Name of Presenters	School	Date of Presentation	Number of Presentations	Payment	Total Payment

PRINCIPAL: _____ **DATE:** _____

PLEASE SUBMIT THIS FORM TO ASSISTANT SUPERINTENDENT AT THE CENTRAL OFFICE.

(For Central Office Use Only)

Pay Code: 757

Assistant Superintendent of Schools Date

Accountant

Date