

NORTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE

Revised 08/03

REQUEST FOR WORK/STUDY FUNDING

Student: _____

Age: _____

Supervising
Teacher: _____

District : _____

Building: _____

School Year: _____

Primary Disability: _____

Is the need for work/study addressed in the students' IEP? ___Yes ___No

Number of work/study hours per week _____

Number of weeks _____

Hourly Pay Rate requested from Coop _____

Total Hourly Pay Rate (all sources) _____

Total Amount requested from Coop _____

(Circle One)

Approved: Yes No

Approved: Yes No

If request is approved, please set up a payment system in your local district.

INSTRUCTIONS

The student will be required to complete a time card, from the Coop, for hours worked and will need to return it to the local district before payment for work/study will be made.

The local district, at the end of each month, will send in all time cards to the Cooperative for reimbursement back to the district.

The Coop, will reimburse the actual or approved amount which ever is less, on a monthly basis.