

REMUNERATION, REIMBURSEMENT AND OTHER BENEFITS

REQUEST FOR COMPENSATION FOR MISSED MEETING

Name: _____

Date of Missed Meeting: _____

This absence was due to:

____ Illness

____ Jury Duty

____ Hardship

____ Work on behalf of district

Work on behalf of district: _____

Reason for Hardship: _____

Signature: _____

Date: _____

Please submit this form to the Clerk of the Board