

**QUALITY TEACHING DAY    Kane County School District**  
**Payroll Request Form**

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

| Date   | Description of Services |
|--------|-------------------------|
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|        |                         |
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|        |                         |
| NOTES: |                         |

Approved by:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor/ Curriculum Director

\_\_\_\_\_  
Superintendent