

WAYNE TRACE LOCAL SCHOOL

LPDC HOUR REPORT

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF MEETING:

HOURS ATTENDED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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OFFICE USE ONLY

TOTAL HOURS ATTENDED: \_\_\_\_\_

LPDC HOURLY RATE: \$32.54 2024-2025 School Year

Formula based on zero step of the base, Bachelor's column, divided by 182 days, divided by 7 hours.

TOTAL TO BE PAID: \_\_\_\_\_