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 _____

_____ _____
Vocational Coordinator Date

(Circle One)

_____ _____ Approved: Yes No
Building Principal Date

_____ _____ Approved: Yes No
Director of Special Education Date

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.