

**KAUKAUNA AREA SCHOOL DISTRICT
DISTRICT CURRICULUM DEVELOPMENT/SPECIAL PROJECTS**

Submitted by _____ School _____ Date _____

DISTRICT CURRICULUM PROJECT INFORMATION

ATTACH PROJECT DOCUMENTATION

***Note: Total Stipend must match previously approved total for this project.**

FACULTY TO BE PAID

Name	Dates Worked	Total Hours Worked	\$20/hour	Total Stipend
			x \$20.00	
			x \$20.00	
			x \$20.00	
			x \$20.00	
			x \$20.00	
			x \$20.00	
			x \$20.00	
			x \$20.00	
PROJECT TOTAL				

APPROVAL FOR PAYMENT

Building Principal Supervising this Project: Approved Denied

Comments: _____

Building Principal Signature: _____ Date: _____

Director of Elementary Education: Ty Maki Approved Denied Total _____

Signature: _____ Date: _____

Account #