



CONTRA COSTA'S PROFESSIONAL DEVELOPMENT PROGRAM FOR EARLY CHILDHOOD EDUCATORS

"Lost Wages" Request

Please use this form to calculate reduction in wages as a result of a required course with a required student teaching component.

- Reimbursement may be requested for wages only.
- Students must be pre-approved by the Community College PDP Representative.
- Please attach this form to the Menu of Incentives.

DATE: _____

Student Name (Last) _____ (First) _____

Address _____ PHONE # () _____

TAX ID OR SSN# _____

City, State _____ Zip Code _____

NAME OF CHILD CARE FACILITY _____

Address _____ PHONE # () _____

DIRECTOR NAME: _____

City, State _____ Zip Code _____

Date	Start Time	End Time	Total Hours

Date	Start Time	End Time	Total Hours

Subtotal Hours Column 1

Subtotal Hours Column 2

Subtotal Hours Column 1

TOTAL HOURS

Rate of Pay \$

TOTAL DUE: Hours X Rate of Pay

We recommend that one form be used per semester. If you need to request reimbursement more frequently, please make your request no more than once per month.

Student Signature: Signed _____ Date _____

signature indicates that the amount of money claimed is equal to the amount of lost wages

Director Signature: Signed _____ Date _____

signature indicates that the amount of money claimed by student is equal to the wages deducted from paycheck

College Instructor Signature: Signed _____ Date _____

signature indicates that the student attended class on days listed above