

COPLEY-FAIRLAWN CITY SCHOOL DISTRICT
VERIFICATION FOR ATTENDANCE BONUS

Name _____ Building _____

Date Requested _____

I certify that I have complied with the negotiated agreement and am eligible for the attendance bonus in the amount of _____ (\$400.00 for no absences or \$275.00 for 1 absence or \$150.00 for 2 absences). I further state that I have appropriately disclosed all days of absence throughout the year, including the use of compensatory time.

I understand by completing this form and submitting it that all information is true and factual. I further understand falsification of this form is subject to disciplinary action.

Signature of Employee