

COPLEY-FAIRLAWN CITY SCHOOL DISTRICT  
VERIFICATION FOR ATTENDANCE BONUS  
PART-TIME EMPLOYEE

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 \_\_\_\_\_ (\$300.00 for no absences or \$200.00 for 1 absence or \$100.00 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 working less than 30 hours