

**APPENDIX M**

**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 Teacher or Employee