



CONTRA COSTA'S PROFESSIONAL DEVELOPMENT PROGRAM FOR EARLY CHILDHOOD EDUCATORS July 1, 2012 – June 30, 2013

“Lost Wages” Request – Center Staff

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

- All applicants must be **pre-approved** by the Community College PDP Advisor.
- Reimbursement may only be requested for payment made by the center to a substitute teacher or for wages deducted from the applicant's pay. Payment to the substitute or reduction in pay must be verified in writing by the center director and attached to this form.
- Lost Wages may not exceed \$25 per hour, \$150 per day, or \$1000 per semester (based on when the course is taken, not when reimbursement is requested), up to a maximum of \$2,000 per fiscal year (for example, two different practicum courses during two different semesters).
- Reimbursement will not be authorized unless all documentation is present.

DATE: _____

Student Name (Last) _____ (First) _____

Address _____

PHONE # () _____

City, State _____ Zip Code _____

TAX ID OR SSN# _____

NAME OF CHILD CARE FACILITY _____

Address _____

PHONE # () _____

City, State _____ Zip Code _____

DIRECTOR NAME: _____

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 (verified with attachment) \$

TOTAL DUE: Hours X Rate of Pay

This request may be submitted monthly, or at the end of the semester.

Applicant Signature: Signed _____ **Date** _____
signature indicates that the amount of money claimed is equal to the amount of lost wages.

College Instructor Signature: Signed _____ **Date** _____
signature indicates that the student was provided supervised teaching on days and times stated above.

PDP College Advisor Signature: Signed _____ **Date** _____
signature indicates that this request was preapproved and this student has their education plan on file with me.

Return with original signatures to First 5 Contra Costa 1485 Enea Court Suite 1200, Concord 94520.

REQUEST DOES NOT GUARANTEE REIMBURSEMENT. REIMBURSEMENT IS BASED ON FUNDING. FIRST 5, COLLEGE INSTRUCTOR, AND PDP COLLEGE ADVISOR RESERVE THE RIGHT TO QUESTION ANY CLAIM FOR REIMBURSEMENT.