

McLean County Unit District No. 5

Instructor Payment Request

To receive payment for teaching a professional development academy course please complete and submit this form to the supervising director at the Unit Office.

Instructor's Legal Name:

Instructor's Social Security Number:

XXX – XX - _____

Course Title:

Course date(s) / Time(s)

Amount Due:

\$88.02 X _____ hours of class time* = \$ _____
Place amount above

*Please do not submit additional preparation time. This hourly rate includes two hours of preparation time for each hour of class time.