

Interlake Adult Learning Association, Inc. (IALA)
SALARY CLAIM FORM
IMPORTANT: Use separate claim form for each work assignment!

Name: _____

Address: _____

Phone: _____ S.I.N. _____

Pay Period: _____ Position: _____
 (month/year) (e.g., instructor, facilitator, etc.)

Dates Worked: _____

Total # Delivery Hours: _____ Rate of Pay: _____ Total \$ Claimed _____

Total # Preparation Hours _____ Rate of Pay _____ Total \$ Claimed _____

Delivery hrs Budgeted _____; Used _____ Preparation hrs Budgeted _____; Used _____

Program: Check only <u>ONE</u>	Funders: Check all that apply
<input type="checkbox"/> Ashern	<input type="checkbox"/> AL&L
<input type="checkbox"/> Gimli	<input type="checkbox"/> ALT
<input type="checkbox"/> Fisher Branch B.U.D.S.	<input type="checkbox"/> HCI
<input type="checkbox"/> Arborg	<input type="checkbox"/> WEM
<input type="checkbox"/> Playgroup / Beach Buddies	<input type="checkbox"/> NLS Essential Skills
_____	<input type="checkbox"/> NLS Parent Time Learning
_____	<input type="checkbox"/> Raise a Reader
_____	<input type="checkbox"/> Literacy for Life
_____	_____

Professional Development: (State name and date of workshop/meeting and whether full or half day long)

Honoraria: (State purpose, date & amount claimed) _____

I declare that the information provided is true.

Signature: _____