



# PATERSON PUBLIC SCHOOLS



Attendance Incentive Program  
 Eligible employees and members of ***Paterson Education Association***  
***(PEA)*** Application for the Perfect Attendance Stipend  
**First Semester Only**

**To qualify you must:**

A. Have no absences during the school year (exclusive of vacation, holidays, family illness, storm bereavement) for the first semester.

Site Timekeeper Verification \_\_\_\_\_  
Timekeeper Name Timekeeper Signature

1. Name: \_\_\_\_\_ 2. Social Security No.: \_\_\_\_\_

3. Location: \_\_\_\_\_ 4. Home Phone No.: (\_\_\_\_) \_\_\_\_\_

5. Permanent Home Address: \_\_\_\_\_  
 \_\_\_\_\_

6. Your Position (Check One)

Teachers (Certified Staff) \_\_\_\_\_ (10 months)      Parent Coordinator \_\_\_\_\_ (10 months)

Secretary \_\_\_\_\_ (12 months)      Instructional Assistant \_\_\_\_\_ (10 months)

Security Guard \_\_\_\_\_ (12 months)      Other (describe) \_\_\_\_\_

7. Are you eligible for First Semester Payment? (September 1 – January 31) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Date

Approval by Site Manager/Principal: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 (Site Manager/Principal Verifies items 1-8)      Explanation: \_\_\_\_\_

Employee No: \_\_\_\_\_ **For Administrative Use Only** Date \_\_\_\_\_

Approved \_\_\_\_\_ Amount to be Paid \_\_\_\_\_ Denied \_\_\_\_\_

Explanation: \_\_\_\_\_

Processed by: \_\_\_\_\_ Approved by Assistant Superintendent: \_\_\_\_\_