

OCTOBER REIMBURSEMENT REQUEST
Extended Year for Special Educators - Special Educator Stipends

Date:	School District/Charter School:
Name of Person Submitting Request:	
Please submit the following reimbursement request no later than October 1:	
Total number of special education teacher (preschool) FTEs: _____	
Total number of special education teacher (school age) FTEs: _____	
Total number of speech-language pathologist FTEs: _____	
Number of special educators who opted to work within two weeks before the first contract day, or during off-track time after June 30 and before October 1:	
Special education teacher (preschool) FTEs: _____	
Special education teacher (school age) FTEs: _____	
Speech-language pathologist FTEs: _____	
Total number of extended year days special educators worked within two weeks before the first contract day, or during off-track time after June 30 and before October 1:	
Special education teachers (preschool): _____	
Special education teachers (school age): _____	
Speech-language pathologists: _____	
Total stipend amount at \$200/day (not to exceed 2 ^{1/2} days/FTE/year): _____	
Amount of additional benefits: _____ (retirement, workers' compensation, social security, Medicare)	
Total amount eligible reimbursement: _____	
Please submit reimbursement request to: Cal Newbold Utah State Office of Education, Special Education Section E-mail: cal.newbold@schools.utah.gov - FAX: 801-538-7991	

Utah State Office of Education – 250 East 400 South – PO Box 144200 –
Salt Lake City UT 84114-4200