



PRAIRIE SPIRIT SCHOOL DIVISION NO. 206

Joint-Use Agreement Caretaking Service Claim

School: _____

Employee Name: _____

Employee Number: _____

User Group & Contact Name _____ Phone # _____

MAILING Address: _____

- CUPE** (first hour of call-back)
- Out of Scope** (first hour of call-back)
- Extra Cleaning Time required** (beyond the 1 hour call-back)
\$100 Flat Fee

Date Worked	Time of Day	Extra Cleaning Time Hours	Total Salary Hrs x Rate	Mileage (KM X Rate)	Total Amount	Description of additional cleaning required Please include any additional work you performed at the time.

Employee Signature: _____

User Group Signature: _____

Principal's Signature: _____

School Account Number: _____

Please forward this completed form to PSSD Division Office with the applicable fees.