

Quarterly Summary Form (SF-240B)

Nonpublic Administrative Cost

Revised 07.2017



Employee's Name: _____ Annual Salary: _____
(Gross salary plus school-paid benefits)

Hourly Rate: _____
(Annual salary divided by the number of days worked per year, divided by the number of hours worked per day.)

The Ohio Department of Education requires that the employee complete this form, using the data from the employee's daily log. Each person performing required services must complete a Quarterly Summary Form. At the end of the school year, the accumulated hours multiplied by the person's hourly rate will yield the dollar amount. The employee must use this information to complete the application for reimbursement.

Categories	TIME SPENT IN HOURS				Total Hours	Hourly Rate	Dollar Amount
	Quarter 1	Quarter 2	Quarter 3	Quarter 4			
1. Governance, Leadership, and Strategic Planning 3301-35-02							
2. Student and Other Stakeholder Focus 3301-35-04							
3. Faculty and Staff Focus 3301-35-05							
4. Educational Programs and Support 3301-35-06							
5. Data-driven Improvement 3301-35-07							
6. Chartered Nonpublic Schools 3301-35-09							
7. Teacher Residency 3301-24-04							
8. Professional or Associate License Renewal 3301-24-08							
9. Transportation of Pupils 3317.063							
10. Federally Funded Education Programs 3317.063							
11. Unemployment and Workers Compensation 3317.063							
12. Pupil Appraisal 3317.063							
13. Health and Health Testing 3317.063							
14. Other							