

Adrian Public Schools
Covid-19 Cleaning/Screening Payment Form For:

Legal Name

For Month of: _____

Please submit form promptly and on a monthly basis.

Date	Amount (\$10.00 per day for Covid-19 Screening & Cleaning Classroom)

Date	Amount (\$10.00 per day for Covid-19 Screening & Cleaning Classroom)
Total Payment:	\$

Date: _____

Employee Signature