

**Arcadia Local School  
STUDY TABLE / DETENTION MONITOR PAY FORM**

\_\_\_\_\_ monitored Study Table / Detention  
Name  
at a rate of \$25.00 on \_\_\_\_\_ **AM / PM.**  
Date(s)

\_\_\_\_\_  
Signature of Monitor

This form should be returned to the building Principal.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date Approved

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