

EXTRA PAY - PAYROLL WORKSHEET

SCHOOL: _____

PROGRAM: _____

ACCOUNT NO: _____ YEAR: _____

JOB TITLE: (Teacher/Community Ed./Bus Driver etc.) _____

*****PLEASE LIST THIS AMOUNT IN RED ON PAYROLL UNDER OTHER PAY AND RETURN THIS FROM WITH PAYROLL!**

EMPLOYEE'S NAME & POSITION:		EMPLOYEE SS #:		MONTH COVERED:	
DATE	TIME IN	TIME OUT	DAYS OR HOURS WORKED	RATE	AMOUNT DUE
TOTAL DAYS OR HOURS THIS PAY PERIOD.....					
TOTAL AMOUNT DUE THIS PAY PERIOD.....					

Employee's Signature: _____ Date: _____

Principal's Signature/Coordinator/Supervisor: _____ Date: _____