

Hourly Payroll Claim Form

Please place your initials in the correct column corresponding to your attendance.
 Submission and Payroll information are on the back of this page.

EMPLOYEE NAME: _____ **Date:** _____

		Start	End	Start	End	Hours
_____	Monday					
_____	Tuesday					
_____	Wednesday					
_____	Thursday					
_____	Friday					

_____	Monday					
_____	Tuesday					
_____	Wednesday					
_____	Thursday					
_____	Friday					

Total Compensable Hours

Total Compensable Hours for payroll: _____	Explanation/Notes
X Hourly Rate _____	<input style="width: 100%; height: 20px;" type="text"/>
Total Payroll Claimed <input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

Employee Certification:

I certify under penalty of law that the above information is a true, complete and accurate claim for services rendered as a district employee in the faithful discharge of duties and services consistent with my appointment by the Board of Education.

Employee Signature _____ **Date:** _____

Supervisor Certification:

I hereby certify under penalty of law that I have reviewed the above claim and find it to be a true, complete and accurate representation of the employee's service on the dates indicated, and approve that this claim be forwarded to be adjudicated and paid per district practice.

Supervisor Signature _____ **Date:** _____

BUDGET CODE: _____	Amount Approved: _____
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