

St. Francis Area Schools

Payroll
 4115 Ambassador Boulevard NW, St. Francis, MN 55070
 763-753-7040 | www.isd15.org

Payroll Claim Form

Return this form to the Payroll Department. Please use black or dark blue ink, if you do not fill this out in Acrobat Reader.

Name _____ Date _____

Signature _____

Date	Time of Work		Total Paid Time		Reason for Time <i>Check appropriate description Other: Be Specific</i>	Name of Person Subbed For <i>(Note if this is Open Position)</i>	Rate of Pay
	From	To	Use decimals ONLY				
Example 12/1/10	8:00	12:30	4	50	<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input checked="" type="checkbox"/> Other: Department Meeting	-----	10.25
Example 12/3/10	Full Day				<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input checked="" type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:	Jane Smith	100.00
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		
					<input type="checkbox"/> Extra Help <input type="checkbox"/> Overtime <input type="checkbox"/> Sub <input type="checkbox"/> Open <input type="checkbox"/> Other:		

Approval of Supervisor _____ Date _____

ID#	# of Units <i>Use Decimals ONLY</i>		Rate of Pay	ACCOUNT CODE						Desc Code	TRA Days	Hrs Worked
				Fund	Org	Prg	Fin	Obj	Crs			
	4	50	10.25	01	200	211	000	145	000			

PAYROLL USE ONLY Received in Payroll _____ Date Pay _____