

REQUEST FOR SALARY PAYMENT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

Please check one:

	<u>Account Number</u>	<u>Position/Title</u>
_____ Co-Curricular Stipend	1000-08-3520-03-116-9	_____
_____ GMS Team Leader	1000-07-2315-03-115-9	_____
_____ Athletic Stipend	1000-08-3510-01-117-9	_____
_____ Athletic (Misc.)	2702-08-3510-00-117-9	_____
_____ Wrap-Around Staff (LITT)	2698-03-3520-03-116-9	_____
_____ Wrap-Around Staff (CHS)	2698-02-3520-03-116-9	_____
_____ Professional Development	1000-11-2354-03-132-9	_____
_____ Grant/Misc/Revolving (specify acct. #)	_____	_____

PLEASE FILL IN THE FOLLOWING WITH A BREAKDOWN OF DUTIES AS SPECIFIED:

<u>DATE</u>	<u>HOURS WORKED</u>	<u>WORK ACCOMPLISHED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS _____ **RATE:** _____ **AMOUNT DUE** _____

Employee Signature _____

Administrator Approval _____ Date _____

FORM MUST BE FULLY COMPLETED (WITH AMOUNT DUE) IN ORDER TO BE PROCESSED.

BUSINESS OFFICE USE ONLY

Business Manager Approval _____

Date _____