

CROTON-HARMON UFSD  
PAYROLL PAYMENT

Name of Employee (Print): \_\_\_\_\_ EMP # \_\_\_\_\_

Request for pay for what activity? \_\_\_\_\_

School or Location: \_\_\_\_\_

Rate to be paid: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates/Hours Worked:

Date	Start/End Times	Total Hours (not including lunch)	Assignment or Student's Name
		<b>Total =</b>	

Payment will be made on the next payroll if presented the Wednesday A.M. before the pay date.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Budget Code \_\_\_\_\_

Board Appointment Date: \_\_\_\_\_