



MAPLETON PUBLIC SCHOOLS

CLAIM FOR PAYMENT

SUBMIT TO THE PAYROLL DEPARTMENT BY THE 3RD DAY AFTER PAYDAY

NAME: _____ SCHOOL/DEPARTMENT: _____

DATE(S) WORKED	HOURS WORKED (Example: 8:00am.-10:00am.)	TOTAL HOURS WORKED	REASON FOR SERVICES
GRAND TOTAL OF HOURS WORKED			

Account Number: _____

Rate: Per Hour _____ OT Rate _____ Per Day _____ Total Payment \$ _____

Employee Signature: _____

Authorized by: Print Name _____ Signature _____

DO NOT WRITE BELOW THIS LINE

<u>Time</u>	<u>Earn</u>	<u>Class</u>	<u>Rate</u>	AMOUNT	ACCOUNT #

APPROVED BY: _____

Chief Financial Officer

Date Paid