HAWLEY PUBLIC SCHOOLS, ISD #150 714 Joseph Street -- P.O. Box 608 -- Hawley, MN 56549

PAYROLL REQUEST FORM

Employee Submitting Request for Payroll: _____ _____
Today's Date

Reason for Payment: _____

_____

_____

_____

Date	Description of Work Performed	HOURLY # Hours	HOURLY Rate	HOURLY Total	LUMP SUM
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
			@ $		
	TOTALS				

**** I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.**

_____
Employee Signature

_____
Principal / Supervisor Signature

_____
UFARS Account Code

_____
Superintendent Signature