

**INDEPENDENT SCHOOL DISTRICT #272 EDEN PRAIRIE  
PAYROLL CLAIM FORM FOR  
WORK PERFORMED**

**This form intended for compensation which is BEYOND employee's scheduled assignment/basic contract.**

**Payroll use**

EMPLOYEE PAYABLE TO \_\_\_\_\_ EMPLOYEE LOCATION \_\_\_\_\_ EMP # \_\_\_\_\_

EMPLOYEE POSITION \_\_\_\_\_ PCR # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SERVICE PERFORMED	DATE OF SERVICE	TIME WORKED (IN)	TIME WORKED (OUT)	TOTAL HOURS WORKED	PAY RATE (PLEASE SPECIFY)	TOTAL AMOUNT

ACCOUNT NUMBER \_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete form completely and send original signed copy to Payroll office.

