Santa Maria Independent School District
Payroll Request

TYPE OF PROGRAM: **Week Ending:**

CAMPUS: **ACCOUNT #:**

	NAME	*HOURS*	*RATE/HOUR*	*GROSS*	*REASON*	*ACCOUNT NUMBER*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
	TOTAL					

Administrator's Signature Superintendent's Signature

**I as the administrator in charge attest that all documentation attached and the above hours are correct.