

Schedule B Payment Request Form

I, _____ / _____
Name of Employee Employee ID #

has been appointed for the _____ year as the
_____ sponsor/position.

Please pay my Schedule B compensation in the following manner:

Amount: \$ _____ . **(Check One)**

_____ Bi-Weekly (divided equally for balance of pays to 2nd pay in May)

_____ Lump Sum (2nd pay in May/Exceptions: 5th Grade Camp & Drama production payments are paid following event.)

Sponsor

Bldg. Admin.

Date

Date

Office use only: HED #: _____
