

Bolivar-Richburg Central School
YMCA Tutoring

Teacher's Name: _____
Student's Name: _____
Payroll Ending Date: _____

Date	Time Frame Worked	Job Performed	Regular Hours
Ex: 4/12/12	8:00 - 10:00	Tutored XXX	2

Employee Signature: _____
Supervisor Signature: _____

Changes to deductions must be made on a Payroll Change Form. Change forms and Time sheets must be submitted to the Business Office by 8:00 am on the Friday before pay day.

(Office Use Only)

Hours Paid	
Regular	
Overtime	