



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
MISCELLANEOUS PAYROLL RECORDS

Island Code _____

Dept/Agency _____

Date _____

Pay Period Ending _____

Account Code

LOC	Org Code	Object	Project

Employee Number	Employee Name	Annual Salary	Hours Reg.	Payable OT	Reg. Rate	Reg. Gross	OT Rate	OT Gross	Total Gross	Remarks
Totals	XXXXXXXXXXXXXXXXXX	XXXXXX		XXXXX	XXXXXXXX		XXXXX	XXXXXX		XXXXXXXXXXXXXXXXXXXXXX

CIRCLE THE APPROPRIATE TYPE OF PAYMENT FOR THE MISCELLANEOUS PAYROLL RECORD(S):

TYPE OF PAYMENTS:

Nurse in Charge NIC

Retro Overtime 1 RETR1

Retro Overtime 2 RETR2

Retro Add Crdts RETR5

Extra Stipend

Retro Regular Pay

Retro Summer Pay

Board Stipends

Donated Leave

EXSTP

RETRO

RETR3

BOARD

DONLV

Lump Sum

Retro Shift

Ret Sumr o/t

Back Pay

Out of Class

Other _____

LUMP1

RETR1

RETR4

BKPAY

OUTCL

Verified by: _____

Certified by: _____

Date: _____

"I hereby certify that all entries in the report represent a true statement of work hours of the employee(s) of this Department/Agency. I therefore authorize the Department of Finance to compute and pay the total cost of the payroll making the charge to the appropriate appropriation or Fund Account to this Agency as indicated in this record."

 Certifying Officer