PAYROLL CERTIFICATION

NAME:		DATE:		
SCHOOL:			POSITION:	
DATE	<u>ACTIVITY</u>	TIME IN	TIME OUT	<u>HOURS</u>
TOTAL HOURS: RATE: \$			TOTAL PAY: \$	
NOTICE: Time worked 1 st thru 15 ^t Time worked 16 th thru 3	^h will be paid on 30 th of mo 1 st will be paid on 15 th of th	onth. ne following month.		
Contributions to these in voluntary through payro	le to participate in a tax showestment programs are still deductions, with no cont Contact the Business Officarticipating in the plan.	rictly ribution		
Account Number:			Employee Signature	
		-		

Supervisor Signature