CPA'S AND PARAPROFESSIONALS
Daily Contractual Hours

WAYNE PUBLIC SCHOOLS
PAYROLL TIMESHEET

Printed Name:			Last 4 digits of Social Security #		Date From:	Date To:
Date	Location	Capacity	Time In	Time Out	Total Hours	Initialed by
Total Hours Must be Filled In				→		

Employee Signature

Signature of Supervisor / Principal

ADDITIONAL HOURS

Date	Additonal Time In	Additional Time Out	Total Additional Time	Description of Service	Initialed by

I do solemnly Declare and Certify under penalties of the law that the stated bill is correct in all its particulars: that the articles have been furnished or services rendered as stated therein: that no bonus has been given or received by any person or person within the knowledge of this claimant in connections with the above claim: that the amount therein stated is justly due and owing: and that the amount charged is a reasonable one.

Employee Signature

Signature of Supervisor / Principal

Juanita A. Petty, Central Office Administrator

BOARD APPROVAL DATE

NEEDS TO BE BOARD APPROVED

Signature of Accountant

PAYMENT WILL NOT BE MADE UNLESS BOTH SIGNATURES ARE PRESENT AND ALL REQUIRED INFORMATION IS FILLED IN CORRECTLY