



CLAIM FOR SALARY OR WAGES FOR PART-TIME PERSONNEL

Print Name _____ Employee # _____
Position: _____

For week ending : _____, 20__
Rate of Pay \$ _____ per hour/day

	Date Worked	Site	Reason	Assignment	Start Time	End Time	Total Hrs/Day	Budget #
1								-----
2								-----
3								-----
4								-----
5								-----
6								-----
7								-----
8								-----
9								-----
10								-----
11								-----
12								-----
13								-----
14								-----
15								-----
16								-----
17								-----
18								-----
19								-----
20								-----

TOTAL HRS/DAYS _____ X \$ _____ = \$ _____ GROSS SALARY EARNED

I hereby certify that the above claim is true and correct and that no part thereof has been paid. All overtime was authorized in advanced. Payment made on 10th of the following month.

Signed by employee: _____ Approved by Lead Administrator: _____