

WATTSBURG AREA SCHOOL DISTRICT AFTER SCHOOL PAYMENT REQUEST

Name: _____

Employee Number: _____

Activity: Detention

School Year: 2018-2019

Hourly Rate: \$ 22.03

Pay Period / / **To** / /

| Regular Hours | Date | Starting Time | Ending Time | Total Hours |
|----------------------|------|---------------|-------------|-------------|
| Monday | / | | | |
| Tuesday | / | | | |
| Wednesday | / | | | |
| Thursday | / | | | |
| Friday | / | | | |
| Saturday | / | | | |
| Sunday | / | | | |
| Total Week #1 | | | | |

| | | | | |
|----------------------|---|--|--|--|
| Monday | / | | | |
| Tuesday | / | | | |
| Wednesday | / | | | |
| Thursday | / | | | |
| Friday | / | | | |
| Saturday | / | | | |
| Sunday | / | | | |
| Total Week #2 | | | | |

Total Pay Period

Administration Use Only

| Account | Rate | Hours | Amount |
|---------------------------|------|-------|--------|
| 10-1100-121-000-39-80-000 | | | |
| 10-1100-121-000-29-50-000 | | | |
| 10-3210-191-000-00-00-000 | | | |

Employee Signature _____ Date _____

Building Principal's Signature _____ Date _____

Payroll Supervisor's Signature _____ Date _____

Amount Paid _____ Date Paid _____