

Continental Local Schools

Payroll Slip

Employee Name: _____ Position: _____

<input type="checkbox"/> Secretary	<input type="checkbox"/> Aide	<input type="checkbox"/> Other _____
<input type="checkbox"/> Custodian	<input type="checkbox"/> Cook	<input type="checkbox"/> Teacher

Please Complete the Following Information for Payment Purposes:

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours <i>excluding lunch</i>	Substitute For/Additional Information
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Total Hours							

******Any Hours Worked Over Your Normal Daily Hours Must Have Prior Approval******

I certify that these hours worked for this time period are true.

Employee Signature Date

Supervisor/Principal Signature Date

Superintendent Signature Date