

Rome City Schools
Payroll Form

Name: _____ Location: _____

Job: _____

Date	Hours Worked
TOTAL HOURS:	

FOR OFFICE USE ONLY:

ACCT #:

PAYROLL DATE: _____

TOTAL DUE: _____

I hereby affirm that the information on this form represents true and accurate documentation of the hours worked for the job shown above.

Signature of Employee

Date

I have reviewed the information above and hereby approve payment for this service.

Signature of Supervisor

Date