

Employee Name (MUST PRINT)

SIMPSON COUNTY BOARD OF EDUCATION

430 South College Street • Telephone (270) 586-8877 • Fax (270) 586-2011 FRANKLIN, KENTUCKY 42134

EARNINGS VERIFICATION FORM

Date

that is not in contract.	cluded in the	employee's	contract salar	y. This form MUST	also be used to report days	the event a duty is performed worked under a specific
ATTACHED.	VIE 11001(3 <u>IVI</u>				L FORM COMPLETED	
DATE	# OF EXTRA HOURS	# OF OVERTIME HOURS	UNIT RATE	TOTAL AMOUNT	DESCRIPTION	CODING
Employee and S	Supervisor verify	that they above	stated extra	 	FINANCE USE ONLY	<u> </u> ,
hours and/or ov	vertime hours ha	d prior approva	I.	Employee #	FINANCE USE UNEI	
	Employee Sign	nature		i i		
Supervisor Signature				 		
	CFO Signat	ure		!		