

# Individual Payroll Sheet

Month/Year: \_\_\_\_\_  
School/Site: \_\_\_\_\_

Name: \_\_\_\_\_

Day	Hours	Description of Work Performed	Day	Hours	Description of Work Performed
15			31		
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			Total Hours		
			Rate: \$		Earnings: \$

Code: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

I hereby certify that the person named above has properly performed his/her duties as described above and that the hours shown represent the hours he/she worked each day.

Supervisor: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Grants Fiscal Manager: \_\_\_\_\_

**Funded By Grants**