

# La Conner School District #311

## Payroll Report

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

Site/Dept: \_\_\_\_\_

Month/Year \_\_\_\_\_

Day	ADDITIONAL TIME				LEAVE/TIME OFF			
	Extra Hours	Explanation of extra time	Account Code	Budget Author. Initial	S-Sick	P-Personal	B-Bereavement	UP-Unpaid
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>Total</b>	By signing below, I certify under penalty of perjury that the above is an accurate record of the time worked and leave taken during the period.							

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Code	Hours	%	Rate	Total	Total Pay