

## After School Science Lab Payroll Claim Form

(This form is to be used for payment for after school REQUIRED lab make up per contract)

EMPLOYEE NAME:

Date of Service: \_\_\_\_\_

Session A 2:30 – 3:00 p.m.	Session B 3:00 – 3:30 p.m.	Total
	Total Sessions: X Session Rate \$19 per session	
	Total Payroll Claimed	

**Employee Certification:**

I certify under penalty of law that the above information is a true, complete and accurate claim for services rendered in the faithful discharge of teaching duties consistent with my appointment by the Board of Education.

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

**Supervisor Certification:**

I hereby certify under penalty of law that I have reviewed the above claim and find it to be a true, complete and accurate representation of the employee's service on the dates indicated, and approve that this claim be forwarded to be adjudicated and paid per district practice.

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

BUDGET CODE: \_\_\_\_\_ Amount Approved: \_\_\_\_\_