## REMSEN CENTRAL SCHOOL

## HOURLY, OVERTIME, CLAIM AND SUBSTITUTE PAYROLL FORM

Code	Dates Worked	Subbed for	Full/Half Day or # of hours	Indicate Times	Rate of Pay	Total	
	ı	L			Total		
			Employee Sig	gnature			
rement number			Supervisor A	Supervisor Approval			
			District Offic	ce Approval			

**\*\*PLEASE NOTE:** Keep all copies of this form intact. District office will distribute.

Distribution: White – Payroll Yellow – Personnel Pink - Supervisor