MARLBORO CENTRAL SCHOOL DISTRICT Payroll Claim Form 2018-2019 Employee/Vendor: By signing you are certifying all information is true and a correct reporting of time worked. Additionally, you are certifying that services charged have been Name: actually performed, furnished, and/or delivered to the school district, the charges are true and just, and no prior payment has been made for these services. Employee's Date: School: Signature: Payroll Claim Forms willONLY be accepted for a ONE WEEK PERIOD. Tutoring hours are not to exceed State requirement. (Use for chaperone, home teaching, curriculum work, adult education, outside groups work and other employee related services paid through payroll) Rate **Day Date Start Time End Time Total Hours Description / Purpose** Daily Total Pay (\$) (per hr/event) MON TUE WED THU FRI SAT SUN Total Week Hours Total Week Pay Employee/Vendor is responsible for completing all required information. Failure to **Budget Code:** complete all required fields can result in delay of payment for work performed. DATE omments: Administrator/Director Signature: DATE Director of Business & Finance Signature:

Administrator's signature signifies the responsible supervisory administrator attests this time sheet is filled in accurately.