

**MARLBORO CENTRAL SCHOOL DISTRICT**  
**Payroll Claim Form**  
**2020-2021**

<b>Name:</b>		<i>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 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.</i>
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<b>School:</b>		<b>Employee's Signature:</b>		<b>Date:</b>	
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Payroll Claim Forms will **ONLY** 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)

Day	Date	Start Time	End Time	Total Hours	Description / Purpose	Rate <small>(per hr/event)</small>	Daily Total Pay (\$)
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

	<i>Total Week Hours</i>			<i>Total Week Pay</i>	
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<b>Budget Code:</b>		Employee/Vendor is responsible for completing all required information. Failure to complete all required fields can result in delay of payment for work performed.
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<b>Administrator/Director Signature:</b>		DATE	Comments:
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<b>Asst. Supt. For Business &amp; Finance</b>		DATE	<i>Administrator's signature signifies the responsible supervisory administrator attests this time sheet is filled in accurately.</i>
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