

PLEASE PRINT ON PINK PAPER

**SAMPLE**

LOCKPORT CITY SCHOOL DISTRICT  
PAYROLL FORM FOR AUXILIARY / ADDITIONAL SERVICES

**CIRCLE ONE: TEACHER ASS'T AIDE NURSE CLERICAL SECURITY ADMIN.**

BUILDING CU

ACCOUNT CODE TBD (One account code per claim)

ASSIGNMENT DESCRIPTION CU Summer School Extended Learning Program (One description per claim)

(Specific reason/activity must be listed. Examples: VACANCY, AIS/RTI)

All auxiliary / substitutes are paid at an hourly rate.

Full Name (Printed)	Name of Staff Member That The Person Is In For (if applicable)	Date Worked	Number of Hours to be Paid	Rate of Pay Per Hour	Signature (My signature below indicates that I have provided accurate and complete information on this form)
Sally Smith	N/A	7/6/2021			
Sally Smith	N/A	7/7/2021			
Sally Smith	N/A	7/8/2021			
Sally Smith	N/A	7/12/2021			
Sally Smith	N/A	7/13/2021			
Sally Smith	N/A	7/14/2021			
Sally Smith	N/A	7/15/2021			
Sally Smith	N/A	7/19/2021			
Sally Smith	N/A	7/20/2021			
Sally Smith	N/A	7/21/2021			
Sally Smith	N/A	7/22/2021			

TOTAL HOURS           

Principal/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_