

## **SERVICES RENDERED (SR)**



## Report of Paid Hours Beyond Regular Contract

SR are paid from the  $11^{th}$  of the previous month thru the  $10^{th}$  of the current payroll month. SR received in the Payroll Office after the  $1^{st}$  business day following the  $10^{th}$ , will be processed the following month.

					5145161	/== =\/D=		555455			
NAME						Certificated (TEA)			DEPARTMENT		
Skyward Name Key or Last 4 digits of SSN						Classified (PSE) BUII			UILDING		
						ub/Officer/Etc					
	Si	ubmit wi	thin	15 days of L	ast Dat	e Worke	d. DO	NOT	HOLD F	ORMS.	
Day	Date mm/dd/yy	Start Time – End Time	Total Daily Hrs	Additional Info	(vyyy y	Account Code xx-xx-xxxx-xxxx-xxxx-x)			Pe If Sub Up/O	tion of Work rformed ut, MUST indicate n/Position Subbed	
Mon			ПЗ	Sub Up/Sub Out Double Time (EEP) SV Initial	(XXXX-X	X-XXXX-XXX.	K-XXXX-X/	xxx-x)	into & at	tach Leave Slip	
Tue				Sub Up/Sub Out  Double Time (EEP)  SV Initial							
Wed				Sub Up/Sub Out Double Time (EEP) SV Initial							
Thur				Sub Up/Sub Out Double Time (EEP) SV Initial							
Fri				Sub Up/Sub Out Double Time (EEP) SV Initial							
Sat				OT SV Initial							
Sun*				OT Double Time SV Initial							
WEEKLY TOTAL				*Sunday OT must be pre **EEP Double OT due to			-				
	Extra Servic	e Rate (TEA) \$		ASB Rate of I		Leadership Rate of Pay \$					
Hourly/Per Diem Rate of Pay \$				Stipend (FLA	T FEE) \$	<u></u>	ASB Rei	e, bill to			
-	= =	er penalty of pe on account the		t this is a true and co	orrect claim fo	or necessary ex	penses incu	irred by m	e and that n	o payment has	
•	sor Signatu plete Forn		urned c	Date and may delay pro	ocessing. So	Employee Signature ng. See Procedures on the back or			Date next page of this form.		
					Payroll Use	e Only					