

VACANCY		PAYROLL USE ONLY					
NAME: _____		EARNING CODE: _____					
EMP ID: _____		ACCT NUMBER: _____					
JOB: (PRIOR EMPLOYEE) _____		X _____ = _____					
LOC: _____		(#hours) _____		(rate) _____		(amount to pay) _____	
		MONTH: _____		YEAR: _____			
DAY OF MONTH	SUB SIGNATURE(IF APPLIES)	IN FOR DAY	OUT TO LUNCH	IN FROM LUNCH	OUT FOR DAY	TOTAL DAILY HOURS	ADD'L HOURS OR COMMENTS
1							
2							
3							
4							
5							
6							
7							
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27							
28							
29							
30							
31							
EMP SIGNATURE: _____		PRIN/SUPV SIG: _____					

FORWARD THIS FORM TO SCHOOL CLERK AT END OF EVERY MONTH