

# PR4 - Payroll Special Time Claim

NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_ MONTH \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

WORK DESCRIPTION \_\_\_\_\_

| Date         | Start Time | End Time | Total Hours |
|--------------|------------|----------|-------------|
| 1            |            |          |             |
| 2            |            |          |             |
| 3            |            |          |             |
| 4            |            |          |             |
| 5            |            |          |             |
| 6            |            |          |             |
| 7            |            |          |             |
| 8            |            |          |             |
| 9            |            |          |             |
| 10           |            |          |             |
| 11           |            |          |             |
| 12           |            |          |             |
| 13           |            |          |             |
| 14           |            |          |             |
| 15           |            |          |             |
| 16           |            |          |             |
| 17           |            |          |             |
| 18           |            |          |             |
| 19           |            |          |             |
| 20           |            |          |             |
| 21           |            |          |             |
| 22           |            |          |             |
| 23           |            |          |             |
| 24           |            |          |             |
| 25           |            |          |             |
| 26           |            |          |             |
| 27           |            |          |             |
| 28           |            |          |             |
| 29           |            |          |             |
| 30           |            |          |             |
| 31           |            |          |             |
| <b>TOTAL</b> |            |          |             |

BUDGET \_\_\_\_\_

PAY RATE \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

**APPROVALS**

Employee \_\_\_\_\_  
*Signature affirms hours worked as shown*

Principal/Supervisor \_\_\_\_\_  
*Signature affirms employee worked hours shown*

District Office Director / Deputy Superintendent \_\_\_\_\_

**This form will not be processed without all Required Signatures**