CLERICAL PAYROLL FORM
FINDLAY CITY SCHOOLS
(Due: First day after previous pay day)

NAME: _____

LAST 4-DIGITS OF SS# XXX-XX-_____

 SCHOOL:_____

Fill out at beginning of year only:
Scheduled hours per day:_____
Begin (a.m.)_____
End (p.m.)_____

MONTH:_____

DATE	HOURS	DATE	HOURS
1	_____	16	_____
2	_____	17	_____
3	_____	18	_____
4	_____	19	_____
5	_____	20	_____
6	_____	21	_____
7	_____	22	_____
8	_____	23	_____
9	_____	24	_____
10	_____	25	_____
11	_____	26	_____
12	_____	27	_____
13	_____	28	_____
14	_____	29	_____
15	_____	30	_____
		31	_____

TOTAL _____   TOTAL _____

PRINCIPAL/SUPERVISOR:_____
DATE:_____