Berlin
CENTRAL SCHOOL DISTRICT
PO Box 259, Berlin, NY 12022 | (518) 658-1500

PAYROLL LABOR BILL

Employee Name (Print):_____ **Employee ID#:**_____

Job Title:_____

Labor bills must be approved by your Supervisor before submitting

Date	Time In - Time Out (BES) (to the nearest 15 minutes) Period # 1-9 (MS/HS)	# of Hours (BES) (round to the quarter) # of Periods (MS/HS)	Type of work / Name of teacher (being covered) **MUST SPECIFY IF CO-TAUGHT CLASS**
# of Hours (round to the quarter), Periods, Days			
Rate (hourly, per diem, per class $ amount)		$	
Total dollar amount of labor bill		$	

Disclaimer: *Some or all of the above may be paid with grant funds*

Please sign that the above information is true and in compliance with District policies and guidelines.

_____ _____

Signature of Employee Date

APPROVAL OF SCHOOL OFFICIAL: I hereby certify that this claim has been rendered in accordance with the contract / agreement and that the work has been completed.

_____ _____

Signature of Supervisor Date