

Afterschool Detention

Month _____

NAME _____

ID# _____

<u>1</u>	High School Teacher	199 11 6119 01 001 324000
<u>2</u>	High School Aide	199 11 6126 01 001 324000
<u>3</u>	Elementary Teacher	199 11 6119 01 101 324000
<u>4</u>	Elementary Aide	199 11 6126 01 101 324000

Date	Time In	Time Out	Total Hours	Code

Weekly Total

Weekly Total Hours		X \$25.00/ Hour	=
			Total Pay Amount

Signature of Teacher _____ Date _____

Request for Payment approved by _____ Date _____
Campus Principal

***Student Sign-In Sheet MUST be attached in order to be paid.**

[illegible]