

ESSER Summer School

Month_____

NAME_____

ID#_____

1	High School Teacher	282 11 6119 01 001 1 24 0 01
2	High School Aide	282 11 6122 01 001 1 11 0 01
3	Elementary Teacher	282 11 6119 01 101 1 11 0 01
4	Elementary Aide	282 11 6122 01 101 1 11 0 01
5	Bus Driver	282 34 6129 01 937 1 99 0 01
6	HS Cafeteria Worker	282 35 6129 01 001 1 99 0 01
7	ES Cafeteria Worker	282 35 6129 01 101 1 11 0 01

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]