

Saturday School

Month _____

NAME _____

ID# _____

1 High School 199 11 6121 03 001 324000

2 Elementary 199 11 6121 03 101 324000

Date	Time In	Time Out	Total Hours	Code

Total Hours		X \$20.00/ 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.**