

HUNTINGTON UNION FREE SCHOOL DISTRICT

HUNTINGTON, NEW YORK

APPROVAL OF PAYMENT

TO: TEACHERS AND ADMINISTRATORS

Please use this form to request payment for work done in addition to your contracted position.

This form may be used for additional summer work, or assignments which have been previously approved by the Board of Education.

Please complete the following: sign, have your supervisor sign and submit it to the Assistant Superintendent for Curriculum and Instruction. **For those employees who are paid from Federal Grants, please complete the other side as well. Thank you.**

Date _____

Name _____ Soc. Sec. No. _____

Dates Worked	Time In	Time Out	Time In	Time Out	Total Hours	Reason

*BUDGET CODE: _____

*(Must be provided in order to be processed by payroll)

Employee's Signature

Supervisor's Signature

NO NOT FILL OUT – FOR OFFICE USE ONLY

Per Diem
(Daily Rate)

Hourly Rate

Approved on
(Bd. Mtg. Date)

To Be Paid on
(Pay Date)

HUNTINGTON UNION FREE SCHOOL DISTRICT
Office of the Assistant Superintendent
Finance and Management Services

PAYROLL CERTIFICATION FOR CIRCULAR A-87
(For staff who work on federal award program(s))

In order to comply with the Office of Management and Budget Circular A-87, the following must be completed and signed by the employee.

Staff member's name: _____

For the month of: _____ to 20____

During the school year identified above, I certify, to the best of my knowledge and belief, that I worked the following hours for each federal award program identified below, and that these hours account for the total activity for which I was compensated during the school year.

Federal Award Program Name:	Hours	Percent
Time Worked Other Than on Federal Award Programs:		
TOTALS		

Signature of Staff Member

Date