

**HUNTINGTON UNION FREE SCHOOL DISTRICT  
HUNTINGTON, NEW YORK**

**APPROVAL OF PAYMENT (2 SIDED)**

**TO: TEACHERS, ADMINISTRATORS and NON-INSTRUCTIONAL**

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

Please **complete and sign** the form below for the hours worked. If additional work is being paid for through a grant (Title I, Title IIA, IDEA, etc.), also **complete and sign** the back of this form.

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

	DATE	WORK PERFORMED	TIME IN	TIME OUT	TIME IN	TIME OUT	# OF HRS / DAYS <i>(circle one)</i>
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							
<b>TOTAL HOURS / DAYS</b>							

BUDGET CODE(S)	

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Supervisor's Signature**

**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) (F-Codes)**

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: \_\_\_\_\_ of 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 / Days <i>(Circle One)</i>	Percent
<b>Time Worked Other Than on Federal Award Programs</b>		
<b>TOTALS</b>		

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date