_____

(Office, Board Department or Institution)

For Period Beginning_____, _____and Ending_____, ____

Note:Total hours
employee might b
column will apply

	Name of Employee	Approp No. Class Title	Code	Worked	Sick Leave	Vacation leave
						Days or Hours i
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

or days to be paid shall equal the days or hours worked plus authorized leave to which an
e entitled by law and under the leave policies established by the governing body. The "days lost"
to salaried employees (not hourly) not entitled to pay for suc days.

n Period						
		Other Leave				
Lost Days	Code	Days Hours	Total Days or Hours to be Paid	Rate of Pay	Gross Pay	Total

atroll Schedule and Voucher

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		Deductions				
					Insurance	
Fed w/h Tax	Social Security Tax	Medicare Tax	State w/h Tax	County w/h Tax	Code	Amount

Retirement				
Code	Amount			Amount of Warrant (Gross Pay Less Deductions)

Warrant Number