Milton Town School District

Employee Extra Payroll Approval Sheet
(Do not use for expense reimbursement)

Timesheet must be attached to this form for payment to be processed.

Employee Name: ________________________________ Stipend Contract: ____

This payroll request is for the following:
Description: ________________________________________________________________

<table>
<thead>
<tr>
<th>Account Number</th>
<th># of Hrs.</th>
<th>Rate:</th>
<th>Totals:</th>
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Totals: ___________________________________________________________

Employee Signature: ________________________________ Date: ________________

This extra payroll request meets the following criteria:
1. The amounts are completely covered by the budget line(s) charged, and meet the criteria for the particular budgeted expenses as established in the budget plan. ___Yes ___No

If not, please explain how they will be funded:

If full funding is not in the budget, and other sources are not available, please explain the necessity of these expenditures:

These expenditures are required by:  a student IEP ____  section 504 ____

This request covers the terms of a signed employee contract: ___Yes ___No

Other: (If no other allowable criteria are met, please write detailed explanation - otherwise leave blank)

Approved by: ________________________________ Date: ________________
(Budget Administrator)

Verified by: ________________________________ Date: ________________
(Department Clerk or Secretary)

Business Manager: ________________________________ Date: ________________
Milton Schools Payroll Time Sheet

Pay Period Ending: __________________ Date

Name: __________________________ Position: _______________________
Contracted Hours Per Day: __________

Please note - This time sheet must be completed daily. Total hours should be to the nearest quarter hour.

<table>
<thead>
<tr>
<th>Date</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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**Time In**

**Time Out**

**Total Hours Worked**

<table>
<thead>
<tr>
<th>Hours Worked</th>
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**Leave Time Requested:**

**Sick Time (S or F)**

**Holiday Time**

**Other**

(Describe Other)

**Total Leave Hours**

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<tr>
<th>Total Leave Hours</th>
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**Total Paid Hours**

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</table>

Employee Signature

Supervisor Signature

This time sheet must be turned in by Monday at 8 AM. Failure to do so might cause a delay in your paycheck.

To be completed by the Payroll Agent for your school:

Verified by: __________________________

Total worked hours: __________

Total leave hours: __________

Total Paid Hours: __________