

# 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), also **complete and sign** the back of this form as well.

Date \_\_\_\_\_

Name \_\_\_\_\_

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 Dept.)**

\_\_\_\_\_  
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:		
<b>TOTALS</b>		

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

\_\_\_\_\_  
 Date