

**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 | | | | | | | |
| TOTAL HOURS / DAYS | | | | | | | |

| 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 |
|---|-------------------------------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Time Worked Other Than on Federal Award Programs | | |
| | | |
| | | |
| TOTALS | | |

Signature of Staff Member

Date