

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 _____ **SCHOOL** _____

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:		
TOTALS		

 Signature of Staff Member

 Date