SHORELINE UNIFIED SCHOOL DISTRICT
P.O BOX 198
TOMALES, CALIFORNIA 94971-0198

CLAIM FOR SALARY OR WAGES
PART TIME / OVERTIME / EXTRA DUTY

Name _____

Social Security # _____

*If you have a new address please submit a
change of address form.

Pay Period Ending _____

Position _____

Rate of Pay _____ per _____

This claim must be filled out and submitted by the last working day of the month for all work completed on a part time, overtime or extra duty basis during the month. payment will be made on or about the 15th of the month. Please itemize all work completed on a day to day basis.

Dates Worked	Place Worked	Assignment Sub. for (name)	Charged to Funding Source	Start	End	Lunch	Start	End	Total Hrs/Days

Regular Hours _____ @ _____ = $ _____ Gross Reg. Salary Earned

Overtime Hours _____ @ _____ = $ _____ Gross O.T. Salary Earned

I hereby certify that the above claim is correct and that
no part thereof has been paid. All overtime was
authorized in advance.

The above claim is a legal charge against the funds of the district and
is in accordance with the rules and regulations of the Shoreline
Unified School District Board of Trustees.

Signed: _____

Approved: _____
Principal or Director

8/99 EH