

Wentzville R-IV School District Payroll Reimbursement Form

Employee Name: _____ Building: _____ 5-Digit EID _____

Payroll Period **→** From Date: _____ To Date: _____

(Please use the Payroll Calendar on our website under "Departments" and "Benefits/Payroll")

Date	Start Time	Stop Time	Hours

Date	Start Time	Stop Time	Hours

Total Hr / Day	
Pay Rate	
Total to Pay	

Service Provided

- | | |
|--|--|
| <input type="checkbox"/> Activity Worker _____
<input type="checkbox"/> Curriculum Development
<input type="checkbox"/> Detention
<input type="checkbox"/> Driver Education | <input type="checkbox"/> Homework Assist/Tutoring
<input type="checkbox"/> SPED Training _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Homebound ___ child: _____ |
|--|--|

Account Code:

The above is a correct listing of the days of service provided during the payroll dates reported.

Employee Signature: _____ Date: _____

Administrator Approval: _____ Date: _____