

**FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut**

**BI-WEEKLY PAYROLL REPORT
HOURLY WORK**

NAME _____ **EMPLOYEE ID #** _____

SCHOOL/DEPT _____

WORK PERFORMED _____
(JOB BEING PERFORMED DURING THESE HOURS)
(NOT YOUR CONTRACTED POSITION TITLE)

ACCOUNT CODE _____
(REQUIRED)

PAYROLL PERIOD ENDING DATE _____

PLEASE USE INK

	DATE	Time Worked		Lunch Hour	Total Hrs. Less Lunch	Total # of Hours
		Started	Finished			
MON.						Rate \$
TUES.						Amount Due \$
WED.						Payroll period ends Friday, 2 weeks prior to pay date. This form is due in the Business Office in the Tuesday morning mail.
THURS.						
FRI.						
MON.						
TUES.						
WED.						
THURS.						
FRI.						

Employee Signature: _____

Date _____

Approved: _____

Date _____

USE THIS FORM TO REPORT ANY HOURLY WORK OF ALL EMPLOYEES.

To help calculate hours:
15 MINUTES = .25
30 MINUTES = .50
45 MINUTES = .75