



# West Linn - Wilsonville School District 3J

Payroll Department - 503-673-7038/ 503-673-7029

## Pay Card

Employee Name: \_\_\_\_\_ Employee # (or SSN last 4): \_\_\_\_\_

Primary Worksite: \_\_\_\_\_ Licensed \_\_\_\_\_ Classified \_\_\_\_\_ Other \_\_\_\_\_

Are you currently or have you ever been a member of the Oregon Public Employees Retirement System? Yes No

If yes, please name qualifying district/employer \_\_\_\_\_

<u>\$35/ hour</u>	<u>\$25/ hour</u>	<u>\$25/ hour</u>	<u>Employee Hourly Rate</u>
World Language	Activity Pay	Substitute (For Licensed Staff)	Tutoring
Translating	Enrichment	*Enter Sub info below	Licensed Additional Pay
Dept. of Teaching & Learning	Athletics (Not EDC)		
	Rosetta Stone		

**OR** Flat Rate: \_\_\_\_\_ Other hourly rate: \_\_\_\_\_  
(Community Services/CREST)

(REQUIRED) Description of Duty & Location: \_\_\_\_\_

\*Licensed Sub for (First and last name): \_\_\_\_\_ Athletic Absence? Yes No

Subject: \_\_\_\_\_ Hours: \_\_\_\_\_ Subject: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Date(s)</b>	<b>Hours</b>	
_____	_____	<b>ACCOUNT:</b> _____ (For Payroll Use Only)
_____	_____	
_____	_____	<b>Outside Billing:</b> _____ _____
_____	_____	
_____	_____	<b>Employee Signature</b> _____ <b>Date</b> _____
_____	_____	Address _____
_____	_____	City _____ State _____ Zip _____
<b>TOTAL HOURS</b>	_____	

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Office Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* If extra dates are needed please attach separate sheet of paper

'19-'3: SY