

West Linn – Wilsonville School District
ADDITIONAL PAY CARD FOR CERTIFIED EMPLOYEE

Employee Name

Employee Number (7 digit)

Description of worked performed/Project:_____

Date (s)

Hours

TOTAL HOURS

Special Fund Designation, if any:_____

ACCOUNTING UNIT:_____

For Example: 100009.2210.000

ACCOUNT:_____

For Example: 319

Special Pay Rate, if any:_____

(Normal hourly pay rate per article 23, section E)

Employee Signature

Date

Principal Signature

Date

District Office Administrator

Date