

West Linn-Wilsonville School District BUSINESS OFFICE 22210 SW Stafford Rd. Tualatin, Oregon 97062 P: (503) 673-7000 F: (503) 673-7001 www.wlwv.k12.or.us **Dr. Son Lê Hughes** Chief Financial Officer

**Payroll & Benefits** pr-ben@wlwv.k12.or.us

**Dr. Kathy Ludwig** Superintendent

Accounts Payable wlwv-ap@wlwv.k12.or.us

## **Additional Pay Time & Attendance Request**

<mark>Grant/Job Name</mark> :					
Note about the Job: (	If this is a new grant/job for	r the distri	ct, please also	describe the duties	of the job)
Start Date:			End Date (if applicable):		
Approval Workflow					
One-level	Approver Name:			For:	
	Applicable to:			_	
Multi-level	1 <sup>st</sup> level Approver(s):			DS Name:	
	Final Approver Name:			For:	
	Applicable to:			_	
Licensed Account C	Code:				
Pay Rate:			(Leave the first box blank if Contracted Hourly Rate is selected)		
Classified Account	Code:				
Pay Rate:			(Leave the first box blank if Contracted Hourly Rate is selected)		
If paid at the	eir contracted hourly rate, is	it Overtin	ne eligible?	No	Yes
Is account code different for each building? No			Department i	n Charge:	
		Yes	(Filled out bu	nildings below)	
Signature			Date		
Name					

Either fill out the table below OR attached an EXCEL table with the same format when turn in this form.

EMPLOYEE	EMPLOYEE NAME	BUILDINGS
ID		(Filled if account code is different for each building. Otherwise, leave blank)
		S VALEZ IVIDES, TOWN C STRING
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