



# West Linn-Wilsonville School District 3JT

BUSINESS OFFICE  
22210 SW Stafford Rd., Tualatin, OR 97062  
Payroll Department: [pr-ben@wlwv.k12.or.us](mailto:pr-ben@wlwv.k12.or.us)

Pay Period: \_\_\_\_\_

## Non District PAY CARD

Legal Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Building/Worksite: \_\_\_\_\_  Licensed  Classified  Other

**\*This Pay Card is only for non-contracted and casual hires.** All contracted employees MUST use Time & Attendance.  
**Please note: In order to be paid, you must complete your new hire on-boarding. Please call HR to verify 503-673-7004**

<u>\$42 per hour</u>	<u>\$27 per hour</u>	<u>Other Hourly Rate</u>	<u>Flat Rate</u>
<input type="checkbox"/> World Language	<input type="checkbox"/> Rosetta Stone	<input type="checkbox"/> Previous Contracted Rate	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Translating	<input type="checkbox"/> Activity Pay	OR	*Enter amount above
<input type="checkbox"/> Dept. of Teaching & Learning	<input type="checkbox"/> Enrichment	<input type="checkbox"/> \$ _____ per hour	
	<input type="checkbox"/> Athletics (Not EDC)	*Enter amount above	

(REQUIRED) Description of Duty Performed: \_\_\_\_\_

\*\*Substitute for (First and last name): \_\_\_\_\_

<u>Date(s)</u>	<u>Hour(s)</u>	<u>ACCOUNT:</u> _____ (For Payroll Use Only)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Outside Billing: \_\_\_\_\_  
PR Initial – A copy to Accounting: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number\* \_\_\_\_\_ Email address\* \_\_\_\_\_

**TOTAL HOUR** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*\*\*Attach separate sheet of paper for extra dates  
\*\*\*\*Change address at <https://hr.wlvv.k12.or.us/change-address.html>

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

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