



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: _____

Date(s)	Hours	
_____	_____	ACCOUNT: _____ (For Payroll Use Only)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
		Employee Signature _____ Date _____
		Address _____
		City _____ State _____ Zip _____
TOTAL HOURS	_____	

Supervisor Signature: _____ Date: _____

District Office Administrator Signature: _____ Date: _____

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

'19-'3: SY