

**INTERNAL BUSINESS SERVICES - PAYROLL SERVICES**  
**Non-Regular Certificated Employees (NRCE) & Classified Professional Experts (CLPE)**  
**Payroll Form**

**Entire section must be completed**

NAME _____	NON-REGULAR TYPE	<input type="checkbox"/> NRCE <input type="checkbox"/> CLPE
EMPLOYEE ID NUMBER _____	SITE / PROGRAM	_____
BUDGET NUMBER - PSUEDO _____		_____
JOB TITLE _____		
RESOURCE Number _____	CURRENTLY SALARIED	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	SCCOE EMPLOYEE?	

Select one payment frequency below and enter the pay rate.

**HOURLY PAY RATE \$** \_\_\_\_\_ **Beginning Month/Year** \_\_\_\_\_ **Ending Month/Year** \_\_\_\_\_

Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked
26		1		7		13		19		25	
27		2		8		14		20			
28		3		9		15		21		Total Hours:	
29		4		10		16		22			
30		5		11		17		23		Total Amount Due:	
31		6		12		18		24			

**MONTHLY PAY RATE \$** \_\_\_\_\_

<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December

**QUARTERLY PAY RATE \$** \_\_\_\_\_ **Beginning Month/Year** \_\_\_\_\_ **Ending Month/Year** \_\_\_\_\_

<input type="checkbox"/> First Quarter	<input type="checkbox"/> Second Quarter	<input type="checkbox"/> Third Quarter	<input type="checkbox"/> Fourth Quarter
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**LUMP SUM PAY RATE \$** \_\_\_\_\_

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

I hereby certify that the deliverables have been met per the Employee Authorization Agreement for the pay period listed above.

\_\_\_\_\_  
Typed Name of Authorized Signatory \_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Department Contact Name Number \_\_\_\_\_  
Date Paid (For Payroll Use Only)