

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 - PSEUDO _____		
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 \$ _____ **Beginning Month/Year** _____ **Ending Month/Year** _____

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)