The School Board of St. Lucie County, Florida

ADDITIONAL HOURS/STIPEND REQUEST FOR REGULAR RATE OF PAY

Description: _____ Dates Worked: _____

Submitted By: _____ School/Dept: _____ Board Approved Date: _____

SRN#: _____ PO Number: _____ **Final PO:** _____

Partial PO : _____

Last Name	First Name	Name Key	Last 4 digits Soc Sec #	Regular Position	Position for this Request/Payment	Building	Hrly Rate of Pay	*Total # Hrs* Worked	*Date:* Completed	**FINANCE USE** Amount
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
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										$ -
										$ -
										$ -
										$ -
										$ -
								0.00		$ -
									Page Total	**0.00**
									Total with Benefits	-

Finance Approval: _____

Date: _____

Principal/Director: _____

Payroll Manager : _____

Date: _____

Date: _____

Grant Administrator: _____

Date: _____

Budget Charged: PLEASE COMPLETE

Fund	Func	Obj	Cntr	Project		Pgm			
		1280						0.00	
		2100						-	Retirement (2100)
		2200						-	FICA/Medicare (2200)