

THE SCHOOL BOARD OF LUCIE COUNTY
MIGRANT SECONDARY ADVOCATE
PAYROLL

Pay Date _____ Period From _____ Through _____ No. of Days in Pay Period _____

EMPLOYEE NAME	Days or Hours		Code	Total	EMPLOYEE SIGNATURE
	Present	Absent			
Number of Employees	Total Present	Total Absent		Total Present & Absent	

Date: _____

Signed: _____
(Supervisor)

Prepared by: _____