

## Hyde County Schools Supplementary Payroll

TO: FINANCE OFFICER

WORKSHOP/COURSE TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_

SALARY FOR TEACHING: \_\_\_\_\_

STIPEND FOR PARTICIPATING: \_\_\_\_\_

OTHER: \_\_\_\_\_

RE: PLEASE PAY THE FOLLOWING:

DATE(S) \_\_\_\_\_

School Number	Name	Emp. #	Budget Code	Hours Worked	Hourly Rate	Total Amount

Approved By: \_\_\_\_\_

Supervisor/Coordinator/Principal

Date: \_\_\_\_\_