Spartanburg County School District Three

P.O. Box 267

Glendale, SC 29346

## PAYROLL-HOMEBOUND

## Request for Payment

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Check To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_

Last Four Digits of SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Amount:\_\_\_\_\_\_\_\_\_\_\_\_

Account Code Number:\_\_**100-145-00110-0000**-\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **# of HOURS** | **RATE - $30.00 PER HR.** | **TOTAL PAY - WORKWEEK** | **REASON/PURPOSE** |
|  |  | **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
|  |  |  **X $30.00** |  |  |
| **Total** |  |  |  |  |

# Due to STACY MANN as soon as completed.

I agree that the information on this form is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: (Homebound Teacher) Authorized By: Principal or Designee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by: Stacy Mann, D.O. Asst. Supt. - Pupil and Personnel Services