ROCKINGHAM COUNTY SCHOOLS

NAME _____

CENTRAL OFFICE ADMINISTRATORS/PRINCIPALS/CERTIFIED

Employee ID# (last six digits of SSN)

_____

EMPLOYEE PAYROLL REPORT/HOMEBOUND SERVICES

FOR PERIOD ENDED _____ **2022-2023**

DATE	REASON	AMOUNT	COMMENTS

SUMMARY OF ABSENCES

DAYS	REASON
_____	_____
_____	_____
_____	_____
_____	_____

Student Name:

_____

School:

_____

Code:

_____

Hourly Rate: _____

I HAVE EXAMINED THIS PAYROLL REPORT AND TO THE BEST OF MY KNOWLEDGE THIS REPORT IS A CORRECT STATEMENT OF MY ABSENCES AND DAYS WORKED

_____ _____ _____ _____

SIGNATURE OF EMPLOYEE **DATE** **SUPERVISOR'S APPROVAL** **DATE**