

**LAKE COUNTY SCHOOLS
PAYROLL REPORTING**

CENTER	FND	FUNC	OBJT	FCTY	PROJECT	SPR	PGM	PAY PERIOD ENDING
<hr/>								<hr/>
DESCRIPTION OF WORK PERFORMED								DATE(S) WORKED
<hr/>								<hr/>

PLEASE CHECK ONE IF APPLICABLE :

☐ SPECIAL COMPENSATION

☐ WORKSHOP PARTICIPANT

Extra Duty _____

☐ WORKSHOP INSTRUCTOR

☐ WRITING TEAM MEMBER

	EIN	NAME	HOURS	X	RATE	=	AMOUNT
1.	_____	_____	_____		_____		_____
2.	_____	_____	_____		_____		_____
3.	_____	_____	_____		_____		_____
4.	_____	_____	_____		_____		_____
5.	_____	_____	_____		_____		_____
6.	_____	_____	_____		_____		_____
7.	_____	_____	_____		_____		_____
8.	_____	_____	_____		_____		_____
9.	_____	_____	_____		_____		_____
10.	_____	_____	_____		_____		_____
11.	_____	_____	_____		_____		_____
12.	_____	_____	_____		_____		_____
13.	_____	_____	_____		_____		_____
14.	_____	_____	_____		_____		_____
15.	_____	_____	_____		_____		_____

TOTAL _____

CONTACT PERSON: _____

SIGNATURE OF DEPARTMENT HEAD

PHONE NUMBER: _____

DATE