

O'DONNELL ISD Tutoring Pay Form

Content Area: _____

Superintendent's Approval: _____

*please attach student sign-in sheets

NAME OF EMPLOYEE	DATE OF SERVICE	TIME IN	TIME OUT	HOURS WORKED	HOURLY RATE	TOTAL
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL HOURS				0	TOTAL PAY	\$ -

Employee's Signature: _____

Date: _____

Authorized by: _____

Date: _____

Account Code: _____