New Milford Board of Education

REQUEST FOR PAY

Check one:

☐ Hourly Employee (fill in hourly column)
☐ Per Diem Employee
☐ Extra Pay
☐ Coach
☐ Hourly Teacher
☐ Teacher Coordinator

Name:
School:

Day/date	Time in/Time out Hours Worked (hourly employee only)	Description of Job performed

Employee Signature:_____ Date:_____

Administrator's Signature:_____ Date:_____