Alachua County Public Schools

Payroll Department
Internal Accounts Payroll Form
(INT)

Employee Name:_____   ID #:_____

Employee Sch./Dept._____   L2:_____

Duties Performed:_____   Date(s):_____

FUND	TYPE	FUNCTION	OBJECT	CENTER	PROJECT	SUBPROJ	PROGRAM
	E						

Complete **ONE** of the following:

1. Flat fee amount to be paid:_____

2. Stipend: Number of hours _____ x rate _____ = Total _____

3. Overtime: Number of hours _____ x rate _____ = Total _____
   (overtime rate)

4. Other: Number of hours _____ x rate _____ = Total_____
   (straight time rate)

NOTE: Payments made through internal accounts for additional positions must be approved and processed through personnel by completing a personnel status form. Those charges will appear on your monthly billing.

Prepared By:_____   Date:_____

Principal's Signature:_____   Date:_____

Verified:_____   Date:_____

I understand that the school will be billed monthly for the above charges
plus fringe benefits and payment from internal accounts will be
expected within thirty days from receipt of the bill.