

**RICHLAND PARISH SCHOOL BOARD
21st CCLC GRANT EXTRA PAY FORM**

Employee ID# _____
 Name of Employee _____
 Month Worked _____
 Worked Performed _____
 School _____
 For Attendance _____ For Extra Payment _____
 Length of Lunch _____

Acct# _____
Earning Code _____
_____ at _____ = _____ hours rate total
PAYROLL USE ONLY

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IN																															
OUT																															

I certify that this Time Card for _____ is true and correct.
 Employee Name

 Signature of Employee

 Signature of Principal