

**WAYNE COUNTY BOARD OF EDUCATION
SUPPLEMENTAL PAY
TIME SHEET**

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|--|
| Employee Name |
| Employee ID Number |
| Position Location |
| Please describe reason for Supplemental Pay |

| Date | Rate of Pay | Notes |
|-------------------|-------------|-------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| Amount to be Paid | | |

Employee Signature _____
Date

To be completed by Supervisor

| |
|--------------|
| Account Code |
|--------------|

Supervisor's signature of approval for payment _____
Date