IRON MOUNTAIN PUBLIC SCHOOLS
SPECIAL PAY FORM

EMPLOYEE NAME _____

DATE	START TIME	END TIME	TOTAL TIME (HOURS)	PROGRAM DESCRIPTION/ WORK PERFORMED	BUILDING
			TOTAL HOURS		

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

DATE SUBMITTED _____

ACCOUNTING DEPARTMENT

TOTAL HOURS _____

RATE PER HOUR _____

TOTAL PAY _____

ACCOUNT	AMOUNT

FORM # PR-16
(rev. 3/03)