

Alachua County Public Schools  
**Internal Accounts Payroll Form**  
L3: OINT

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Center: \_\_\_\_\_ / Work Center (if different): \_\_\_\_\_ (L5) / \_\_\_\_\_ (L2)

---

Complete one of the next two items:

Workshop attended: \_\_\_\_\_ Date(s): \_\_\_\_\_  
(Code 3B)

Duties performed: \_\_\_\_\_ Date(s): \_\_\_\_\_  
(Circle one) Athletic Event- Code 16, Extra Activity-Code 17

---

Complete one of the following four areas:

Flat fee amount to be paid: \_\_\_\_\_

Stipend: Number of hours \_\_\_\_\_ x rate \_\_\_\_\_ = total \_\_\_\_\_

Overtime activity - number of hours \_\_\_\_\_ x \_\_\_\_\_ = total \_\_\_\_\_  
Overtime rate

Other activity - number of hours \_\_\_\_\_ x \_\_\_\_\_ = total \_\_\_\_\_  
Straight time rate

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

Prepared by: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

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 bill.