

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.