

**BRIDGETON BOARD OF EDUCATION**  
**Bank Street Administration Building**  
**PO Box 657**  
**Bridgeton, NJ 08302**

**OFFICE OF THE  
BUSINESS ADMINISTRATOR**

**PHONE: 856-455-8030 X2040**

**EMPLOYEE PAYROLL INPUT FORM**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BUDGET ACCOUNT NO.: \_\_\_\_\_

**PAY COMPUTATION**

| <b>DATE</b>   | <b>START TIME</b> | <b>END TIME</b> | <b>TOTAL HOURS</b> | <b>PAY RATE</b> | <b>TOTAL PAY</b> |
|---------------|-------------------|-----------------|--------------------|-----------------|------------------|
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|               |                   |                 |                    |                 |                  |
| <b>TOTALS</b> | —                 | —               |                    |                 |                  |

I do solemnly declare that the above information is correct in all its particulars; that the hours worked have been completed as stated and do not occur during regular working hours covered by contract.

NOTE: Payroll Input Forms must be submitted to the Payroll Office within 90 days of work occurrence. Failure to comply will result in disciplinary action.

EMPLOYEE SIGNATURE: \_\_\_\_\_

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| <b>ADMINISTRATION</b>                  |
| PROGRAM: _____                         |
| PRINCIPAL/SUPERVISORS SIGNATURE: _____ |