

CLAIM FOR WAGES PAYMENT CASUAL OR OVERTIME

ISD 318
FORM C-7

PAY TO:

(Print Name
& Address)

**Effective 7/1/2015 all wage
payments must include the
number of hours worked.**

Week Day	DATES WORKED			DUTY ASSIGNMENT Explain in Detail	HOURS Worked	EXPENSE CODE
	Mo	Day	Year			
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						

Submit Claims at the End of the Week.
(Include Saturdays)

**Total Regular
Hours**

Hourly Rate

Calculation

**Overtime
Hours**

OT Rate

Calculation

Employee Signature

**Daily
Stipend**

a Day =

_____ Hours

Calculation

Date Submitted

**Grand
Total**

Employee ID	Pay Code	Gross Amount	Expense Code	ES	Description	ACA Hours

TOTAL THIS PAY PERIOD

ACA Revision 7/1/2015

Principal / Supervisor Signature

Date Submitted

Superintendent / Designee

Date Submitted