Midland Public Schools
MISC. PAY REQUEST

Date of Request: _____

Form Originator: _____

To: Business Office – Payroll

From: _____

Account number to charge: _____

Purpose: _____

IS MEETING:

☐ **During School Hours**

☐ **Outside School Hours**

☐ **With Students**

ATTENDANCE

☐ **Required**

☐ **Optional**

☐ **Without Students**

Meeting Start Time:_____AM ☐ PM ☐ Meeting End Time:_____AM ☐ PM ☐

(Part/Time, Full Time)

Empl #	Last Name	First Name	Bldg	PT	FT	Date(s)	Hrs	Rate	Total
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
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				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
				☐	☐				$0.00
			SUB TOTAL						**$0.00**
			FICA						$0.00
			RETIREMENT			***Retirement rates vary per employee and will not be calculated on this pay request form. For information purposes the majority of employees are calculated at 24.32% for retirement.			***
			GRAND TOTAL						**$0.00**

Coordinator Approval **Date**

Director Approval **Date**