



_____ **Wilson School District No. 7** _____

Week Of: _____

TO: PAYROLL

SUBJECT: RELEASE OF PAYMENT FORM

The person listed below has performed the following additional services for the Wilson School District as approved by the Administrative Cabinet.

Rate: _____ X Hours: _____ Total Pay: \$ _____

Please check box that pertains to you:

PRIMARY ELEMENTARY SPECIAL EDUCATION

CERTIFIED CLASSIFIED HEAD START

This person has been advised that the above amount will be added to their gross earnings and will result in more payroll taxes withheld.

The above hours were completed by:

EMPLOYEE PRINTED NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY # _____

EMPLOYEE SIGNATURE _____

As approved and reviewed by:

Administrator's Signature/Business Office

ACCOUNT CODE: _____