

MVSU Wage Authorization Form
(For services not covered by Contract)

MUST be submitted to the Payroll Office by date listed in left Column on reverse side of this form.

To be completed by Employee

School: _____

Name: _____ Payroll End Date: _____

								This section to be completed by Principal or Authorized Personnel
	Date Worked	TIME IN	TIME OUT	HOURLY RATE OF PAY	# of Hours or Days	Total Pay	Wage Account #	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
				Total Hours for the Week #1				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
				Total Hours for the Week #2				
				Total Hours for the Pay Period				

To the best of my knowledge, the above information is accurate:

Employee Signature

To be completed by Superintendent / Principal or Authorized Personnel

Stipend Wage Account #	Description	Stipend Amount	# of Hours or Days	Total
Ex: 100-100-20-2213-5110-00	Ex: Staff Dev Stipend	\$150.00	2	\$300.00
Totals				

Approved By: _____
 Superintendent / Principal / Authorized Personnel

Date: _____

For Payroll Dept Use Only
Date Received

NOTES:

Date Paid