Bath County Board of Education
405 West Main Street
Owingsville, KY 40360
Phone: 606-674-6314
Fax: 606-674-2647

REQUEST FOR PAYMENT ON PAYROLL

Name: _____ MUNIS ID NO. : _____

Soc. Sec. No.: _____ Account No. : _____

Date Worked	Description	Hours/Days Worked	Hourly/Daily Rate	Amount Due
TOTAL DUE				

I hereby certify that the above is a correct statement of amount due from the above named individual for services rendered as itemized.

Employee Signature: _____ Date: _____

Principal/Project Director Approval: _____ Date: _____

Superintendent Approval _____ Date: _____

WHITE COPY: CENTRAL OFFICE YELLOW COPY: BUILDING ADMINISTRATOR PINK COPY: EMPLOYEE