

**DAVIESS COUNTY PUBLIC SCHOOLS
REPORTING FORM FOR HONORARIUM PAYMENT**

Location or Department _____

Date of Activity _____

Employee Name _____ Employee Number _____

Amount to Pay Employee _____

Certified Employees Add 3% _____

Support Employees Add 25% _____

Total Amount of Honorarium _____ Check Number _____

Activity Description for Honorarium Payment:

All Honorariums paid are subject to regular payroll withholdings.

Procedures for submitting this form:

1. Forms must be completed with signatures and the top two copies forwarded to the Payroll Department with time sheets.
2. A school check for the Total Amount of the Honorarium must accompany this form when submitted to the Payroll Department.

Signature _____ Date _____ Signature _____ Date _____
(Employee) (Principal/Supervisor)

SUPPORT SUBSTITUTE TIME SHEETS

PLEASE USE BLACK INK

EMPLOYEE: _____ EMPLOYEE #: _____ SCHOOL: _____

PAY PERIOD: _____ CODE: _____ JOB TITLE: _____

WEEK 1 DATE	ON	OFF	ON	OFF	TOTAL HOURS	WEEK 2 DATE	ON	OFF	ON	OFF	TOTAL HOURS
M-						M-					
T-						T-					
W-						W-					
T-						T-					
F-						F-					
TOTAL HOURS FOR WEEK 1						TOTAL HOURS FOR WEEK 2					

*******PLEASE PUT DATES THAT YOU SUBSTITUTE*******

*******PLEASE TOTAL HOURS ACROSS & DOWN FOR EACH WEEK YOU SUBSTITUTE*******

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

CERTIFIED ATTENDANCE RECORD AND CERTIFIED SUBSTITUTE PAY VOUCHER

EMPLOYEE: _____ EMPLOYEE #: _____ SCHOOL: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Date of Absence	Length of Absence Circle One	Reason for Absence Circle One (See codes below)	Comments/ Explanation of Emergency Days	Substitute Signature	Substitute Print Name	Substitute Emp. # Required Field
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				

Principal's Signature: _____ Date: _____

ABSENCE REASON CODES		CENTRAL OFFICE USE ONLY	
IL=ILLNESS	JU=JURY DUTY	IL XXX1118 01201	KT XXX1118 0120
PE=PERSONAL	KT=KTIP	PE XXX1118 01202	JU XXX1118 0120
EM=EMERGENCY (COMMENTS)		EM XXX1118 01203	
PD=PROFESSIONAL DEVELOPMENT (COMMENTS)		PD XXX2053 0120 140X	