EAST ALLEN COUNTY SCHOOLS

1240 State Hwy 930 East

New Haven, IN 46774

SCHEDULE OF PAYROLL ADJUSTMENTS DUE SCHOOL EMPLOYEES

Activity_____ Building_____

Date(s) of Activity _____, 20___ to _____, 20___

Name of Employee	Hourly Rate	#of Hours	Total Amount	Account Number

I certify that I have examined the above record and to the best of my knowledge and belief the above record is correct, the amount listed is justly due the above employees, and has been approved by me.

_____

Signature of Supervisior

_____ _____

Title Date

EACS Fi-12

11/11 (R)