

HALL COUNTY BOARD OF EDUCATION

SPECIAL FUNCTIONS OUTSIDE REGULAR WORKING HOURS

SEND TO: PAYROLL DEPARTMENT
ATTN: APRIL WESTMORLAND

DUE: WITH REGULAR PAYROLL

DATE: _____ SCHOOL NUMBER: _____

NAME: _____ SOCIAL SECURITY #: _____

SCHOOL NAME: _____

TYPE OF FUNCTION: _____

- A. TOTAL NUMBER OF HOURS WORKED _____
- B. TOTAL HOURLY SALARY _____
- C. TOTAL SALARY _____ (C = A X B)

CHECK AMOUNT:

MAKE PAYABLE TO HALL COUNTY BOARD OF EDUCATION

- D. TOTAL SALARY _____ (SAME AS C ABOVE)
- E. FICA _____ (D X .0620)
- F. MEDICARE _____ (D X .0145)
- G. CHECK AMOUNT DUE BOE _____ (G = D + E + F)

Special Functions Pay – Notes:

If employee was paid a flat fee enter that amount in C. above.

This payment is processed as an addition to regular paycheck. There will not be a separate check issued. Employee will receive the additional pay on the paycheck for the pay period in which the work was performed.

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