Special Functions Outside Regular Working Hours
Hall County School System

SEND TO: CO Payroll Department

DUE: See payroll calendar

Date: _____   School #: _____

School/Facility: _____   Position: _____

Employee Name: _____ Employee ID# / Last 4 Digits of SSN: _____

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.
SN-138