SENECA HIGHLANDS INTERMEDIATE UNIT
Regular Part-time Employment
Request for Payment

Name of Employee _____   Date _____ / _____ / _____

Program _____   Work Location _____

Employees being paid a <u>daily rate</u> should only enter the dates worked.
All others should enter the hours in the appropriate column.

Week 1

	Date	Number Hours Worked	Hours Sick Leave
M			
T			
W			
T			
F			

Week 2

	Date	Number Hours Worked	Hours Sick Leave
M			
T			
W			
T			
F			

Total **HOURS** worked _____ @ $ _____ /hour = _____

Total **DAYS** worked _____ @ $ _____ /Day = _____

Employee signature _____   Date _____ / _____ / _____

Approved _____   Date _____ / _____ / _____
Program Director

Approved _____   Date _____ / _____ / _____
Executive Director

Part-time employees will be paid on a biweekly basis. "Request for Payment forms" must be sent to the Payroll Office, Seneca Highlands IU 9, 119 S. Mechanic Street, Smethport, PA 16749, on each pay date in order to be paid on the following pay date.