

# SENECA HIGHLANDS INTERMEDIATE UNIT

## Part-Time or Substitute Transportation Aide Request for Payment

Name of Employee \_\_\_\_\_ Date \_\_\_\_\_

Name of Substitute \_\_\_\_\_  
(if substitute is used)

Program Transportation Contractor \_\_\_\_\_

Transportation Contract # \_\_\_\_\_ Student FIRST Name \_\_\_\_\_

Week 1		Week 2	
Date		Date	
M		M	
T		T	
W		W	
TH		TH	
F		F	

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. These "Request for Payment" forms must be sent to the Payroll Office, Seneca Highlands IU 9, 119 Mechanic Street, Smethport, PA 16749, on each pay date in order to be paid on the following pay date.