

## SENECA HIGHLANDS INTERMEDIATE UNIT

### Supplemental Part-Time Employment Request for Payment

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

Program \_\_\_\_\_ Worksite \_\_\_\_\_

Date	Time Worked	Total Hours	Date	Time Worked	Total Hours
	From To			From To	
	From To			From To	
	From To			From To	
	From To			From To	
	From To			From To	

Total Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ /hour = \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
District Supervisor

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Executive Director

Part-time employees will be paid on a biweekly basis. These "Request for Payment" forms must be sent to: Seneca Highlands IU9, Attn: Payroll Office, 119 S Mechanic Street, Smethport, PA 16749, on each pay date in order to be paid on the following pay dates.