

Funding Source: _____

(Central Office will complete above)

Rome City SCHOOLS

After-School Program

PAYROLL

SCHOOL: _____

PAY PERIOD: _____

Employee	Position	Hours	Rate	Gross
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Principal: _____ **Date:** _____

(Must have original signature on file.) Original payroll sheet to Title I Director, Central Office. Thanks!