



# Workshop or Extended Contract Payment

Revised 11/1/07  
Form Owner: Financial Services  
Form Location: [http://www.4j.lane.edu/files/forms/finsvc/4j\\_finsvc\\_extended\\_contract.pdf](http://www.4j.lane.edu/files/forms/finsvc/4j_finsvc_extended_contract.pdf)

## USER INSTRUCTIONS

**Form Purpose:** Use this form to pay LICENSED or ADMIN Employees for workshop or for an Extended Contract. *CLASSIFIED employees must use a timesheet.*

**How to Complete this Form:** You can fill out this form online and then print it. Alternately you can print out this form and complete it by hand.

**How to Submit this Form:** Submit a hard copy of this form.

**Where to Send this Form:** Send completed forms to Financial Services-Payroll.

**Deadlines:** This form must be received in Financial Services by the 15<sup>th</sup> of the month in order to receive payment in the current month's paycheck.

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ School: \_\_\_\_\_

Name of Workshop or Activity: \_\_\_\_\_

Date(s) of Workshop or Activity: \_\_\_\_\_

Hours attended or worked per day: \_\_\_\_\_ Total hours: \_\_\_\_\_

## I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

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

## AMOUNT TO BE PAID

		8			
Base salary	÷ No. of days in contract	÷ Hours per day	= Hourly rate	x No. of hours	= Amt to be paid *

\*Check here if paying a flat fee.  \*Check here if amount is inclusive of district paid benefits

## ACCOUNT NUMBER (Please use Account 131)

Charge to account number: \_\_\_\_\_

## AUTHORIZATION

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Administrator's Name: \_\_\_\_\_

## PREPARATION (Please type or print name of person preparing this form)

Form prepared by: \_\_\_\_\_

## FINANCIAL SERVICES USE ONLY