New Castle County Vo-Tech
Adult Education Division
Hourly Payroll Record

_____ _____ _____ to _____
Employee Name Social Security No. Pay Period

☐ Marshallton ☐ Delcastle ☐ Hodgson ☐ Howard ☐ MAP ☐ Off Campus

☐ ABE/GED ☐ Groves ☐ Workplace ☐ SEP ☐ Apprentice & Tech. Training

Please complete a separate time sheet for each responsibility…
Please check only one:

☐ Administration/Supervision

☐ Instructor/Counselor

☐ Clerical

☐ Aide/Para

☐ Custodial/Security

☐ Curriculum Work

☐ Staff Training

☐ Other (Specify)_____

| Date | Time In | Time Out | Hours |
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| **Total hours worked this pay period** | | | |

*I hereby certify and declare that I have prepared this payroll form, and to the best of my Knowledge and belief, the information se forth herein is true, correct and complete.*

_____ _____
Employee's Signature/Date Supervisor's Signature/Date

Please Note: If the payroll record is not correctly (including name and SS#, school/ division, etc.) it will be returned to you and your hourly pay will be delayed.

**For Office Use Only**

Appropriation _____ IBU/MBU _____ Object Code _____

Hourly Pay Rate _____ # of Hours _____ Total Salary _____