Northwest Special Recreation Association
3000 W. Central Road, Suite 205, Rolling Meadows, IL 60008
847/392-2848 * 847/392-2855 TTY * 847/392-2870 Fax

675-W
5/09

Payroll Sheet

Staff Name: _____ Date: _____

Instructions:

1. Please fill out all clear boxes with accurate information. Staff are only paid for actual hours worked. To do this, record your start time and finish time only. **Do not add your hours on this sheet.**
2. Sign the payroll sheet indicating that all of the information is accurate and true.
3. Turn in to the part time staff supervisor by 9:00 a.m. on the date that the time sheets are due (see reverse side for dates).

Program Name & Number * Inclusion staff please also include park district name	**Park District Site Director Signature needed**	**Date**	**Start Time**	**Finish Time**	**[Check small box per work description]** Program Assistant Camp Counselor Inclusion Aide	Lifeguard Driver ASD	Program Lead Site Director	Sign Language Referee SPL Nurse	***Specialty*** Inclusion Aide ***
TOTAL HOURS									

	1 ADD:	**[For Office Use Only]**						
Staff Signature Above	2: VERIFY	**Total Hours This Pay Period**		**Other $$**				
Signature verifies hours stated are true and accurate. Reporting inaccurate hours may result in termination	3: VERIFY:	**Date Check**		Rate 1	Rate 2	Rate 3	Rate 4	Rate 5