EMPLOYEE TIME NOT PAID---REQUEST TO PAY
(will not be paid without signed edit sheet attached-per employee)

CENTER LOCATION _____

EMPLOYEE NOT PAID _____

PAY PERIOD WAGES NOT PAID _____

ACTUAL DATES AND HOURS NOT PAID--SPECIFY EACH DATE/HRS BELOW

DATE 1	_____	# OF HOURS	_____
DATE 2	_____	# OF HOURS	_____
DATE 3	_____	# OF HOURS	_____
DATE 4	_____	# OF HOURS	_____
DATE 5	_____	# OF HOURS	_____
DATE 6	_____	# OF HOURS	_____
DATE 7	_____	# OF HOURS	_____
DATE 8	_____	# OF HOURS	_____
DATE 9	_____	# OF HOURS	_____
DATE 10	_____	# OF HOURS	_____

TYPE OF WAGES NOT PAID--
PLEASE STATE THE NUMBER OF HOURS PER PAY TYPE

BEREAVEMENT _____

BUS - FIELD TRIP _____

BUS - SUB BUS DRIVER _____

EMERGENCY DISASTER _____

HOLIDAY HOURS _____

JURY DUTY _____

PERSONAL HOURS _____

REGULAR HOURS _____

SICK HOURS _____

VACATION HOURS _____

WELLNESS HOURS _____

If these are substitute hours, indicate which department employee subbed in
Department _____

WHY WERE WAGES NOT PAID---PLEASE EXPLAIN

SUPERVISOR SIGNATURE: _____   **DATE:** _____

EMPLOYEE SIGNATURE: _____   **DATE:** _____