



Arlington Public Schools
 869 MASSACHUSETTS AVENUE
 ARLINGTON, MASSACHUSETTS 02476

Date: _____

- **PLEASE PRINT ALL INFORMATION**
- Payment will not be processed unless ORIGINAL GREEN form is filled out completely and sent for approval. (Supervisor, CFO and Superintendent)
- When taking this form off line – **PRINT ON GREEN PAPER ONLY.**

Employee Name: _____

Dept/School Code: _____

Charge to Account#: _____

This account number must be filled in before sending to payroll or it will be returned for account info.
(Supervisor approving payment will have this account number)

Date(s) of Service	Service Rendered	Time worked beyond School Hours ie: 4:00pm – 6:00pm	# Hours

Total Hours/Days _____
Rate _____
Total Amount _____

Supervisor Approval _____ Date _____

<i>For Central Office Use Only</i>	
Account to Charge: _____	Amount: _____
Chief Financial Officer, Signature of Approval _____	Date _____
Superintendent/Assistant Superintendent, Signature of Approval _____	Date _____

Payroll Department Use Only	
Pay Period _____	Pay Code _____