

Paterson Public Schools

Payroll Department

PAYROLL MONTHLY TRANSPORTATION STIPEND

Name _____

Pay Period _____

Employee # _____

Title _____

Account # _____

Location _____

Month/Year _____

No. of Days Worked _____

Rate _____ Per Day/Month

Total _____

- Bargaining Unit: PPA
 CAFE
 CUST
 PEA
 PAA
 OTHER

EMPLOYEE'S SIGNATURE

SUPERVISOR/PRINCIPAL

ASST. SUPERINTENDENT