

MOHAWK LOCAL SCHOOLS
SATURDAY SCHOOL

TOTAL DAYS _____
RATE OF PAY \$100.00 _____
GROSS PAY \$ _____

EMPLOYEE NAME: _____
EMPLOYEE STREET ADDRESS: _____
CITY: _____
SOCIAL SECURITY NUMBER: _____
REQUIRED

MM/DD/YY

SATURDAY	
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SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE