RIVERVIEW ATTENDANCE DOCUMENTATION & GROUP PAY RECORD

(For use when more than one individual participates in a planned and funded activity)

Date	Program Description Location:				
		(Be Specific)			
Printed Name	Only	Signature signatures signed in ink-accepted	Total Hours	Hourly Rate	Total Due
					•
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		·			
					<u>,</u>
count Code					
ministrator Signature	Date	Superintendent/Designee Signa	ature	Date	
nte to: Original: Business Office/Payroll Copies: Originator/Curriculum Office	Tota	entries must be made in ink. Work must al hours must be expressed in quarter hour sified employees who work 40 hours a we	increments.	culated at the o	vertime rate.
				6/5/201	3 Group Pay