

FORM NO.

SP



DATE RECEIVED

PAYROLL

SALARY PAYOUT FORM

DISTRICT NO.

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DISTRICT NAME

SCHOOL NO.

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SCHOOL NAME

SOCIAL INSURANCE NUMBER

SURNAME

GIVEN NAME

INITIAL

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INSTRUCTIONS – LIST ALL DATES AND LEAVE CODES FOR DAYS NOT TAUGHT, FOR BOTH
THE MONTH OF TERMINATION AND THE MONTH PRIOR TO TERMINATION
(LEAVE CODES ON MAIN FORM PAGE)

ATTACH MEDICAL CERTIFICATES (IF REQUIRED)

YY MM

MONTH PRIOR TO TERMINATION

DAYS PAID DURING MONTH

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LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

YY MM

MONTH OF TERMINATION

DAYS PAID DURING MONTH

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LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

LEAVE DATE			LEAVE CODE 1 st SESSION	LEAVE CODE 2 nd SESSION
YY	MM	DD		

DATE _____
YY / MM / DD

SCHOOL AUTHORIZING SIGNATURE _____

DATE _____
YY / MM / DD

DISTRICT AUTHORIZING SIGNATURE _____

DEPARTMENT OF EDUCATION COPY