AC0007
Rev. 11/07

ADDITIONAL PAY REPORT

Payroll Department
Lincoln Public Schools • Lincoln, Nebraska

Page No. _____

For Check Dated _____

Period From _____ Thru _____

Location _____

Approved _____

Date _____

EMPLOYEE ID NUMBER	EMPLOYEE NAME	JOB CODE	RATE OF PAY	REG HRS.	OT HRS.	DBL HRS.	AMOUNT	ACCOUNT NUMBER	COMMENTS