AC0007
Rev. 11/07

ADDITIONAL PAY REPORT
Accounting Department
Lincoln Public Schools

PAGE NO. _____ LOCATION _____

FOR CHECK DATED _____ APPROVED _____

PERIOD FROM _____ THRU _____ DATE _____

Employee ID Number	Employee Name	Job Code	Rate of Pay	HOURS			Amount	Account Number	Comments
				Reg	OT	DBL			