

## ALBEMARLE COUNTY PAYROLL INPUT SUMMARY

FOR PAY DATE OF \_\_\_\_\_  
MID-MONTH

**BUDGET CODE:** \_\_\_\_\_  
**THIS FORM IS FOR:** \_\_\_\_\_

**SCHOOL/DEPARTMENT NAME:** \_\_\_\_\_

(CHOOSE ONE)  REGULAR OR  OVERTIME  
(CHOOSE ONE)  SALARY/ADDITIONS TO SALARY OR

VSRS REGULAR  
 DEDUCTIONS FROM SALARY (INVALID IF "OVERTIME" CHECKED ABOVE)

1	2	3	4	5	6	7	8
EMPLOYEE # (SNN + SUFFIX)	FIRST 5 DIGITS OF LAST NAME	1ST INIT	PAY UNITS	UNIT TYPE	UNIT PAY RATE	TOTAL PAY AMOUNT	JUSTIFICATION (MUST BE FILLED IN)
<b>TOTAL</b>				<b>TOTAL</b>			

**SIGNATURES:**

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL/DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_

BATCH NUMBER (PAYROLL USE ONLY): \_\_\_\_\_