

KNOX COUNTY SCHOOLS MAINTENANCE & OPERATIONS

FACILITY USE FOR NON-SCHOOL GROUP or ORGANIZATION
(For school sponsored events, use form BO-163)

PAYROLL REIMBURSEMENT FORM

This form is to be used when an employee works additional hours for the convenience of a facility use organization. Provide all of the requested information. If the form is incomplete your pay will be delayed.

School/Dude Schedule #: _____

PART 1
TO BE COMPLETED BY THE EMPLOYEE:

Employee Name: _____
Employee Type: Custodian Security Food Service Monthly
Employee Number: _____
Employee School: _____
Name of Organization: _____

Record up to one calendar week of time for one employee in the table below

Date of Work	Hours Worked

By signing, I certify that I worked the hours indicated, and that the organization authorized me to work these hours.

Employee Signature: _____ Date: _____

PART II
TO BE COMPLETED BY THE ORGANIZATION:

By signing, I certify that I authorized the employee listed above to work the hours indicated, and I am responsible for the cost as defined in the fee table.

Signature: _____ Date: _____
Print Name: _____ Contact Phone #: _____
Organization: _____ Position: _____

PART III
TO BE COMPLETED BY THE KNOX COUNTY SCHOOLS MAINTENANCE & OPERATIONS PAYROLL CLERK

Total to be reimbursed by the Organization: _____ Hours X _____ Rate = \$ _____ Payment
Payroll Clerk Signature: _____ Payroll Cycle: _____