**ROCKINGHAM COUNTY SCHOOLS**

**NAME CENTRAL OFFICE ADMINISTRATORS/PRINCIPALS/CERTIFIED**

**Employee ID# (last six digits of SSN) EMPLOYEE PAYROLL REPORT/HOMEBOUND SERVICES**

**FOR PERIOD ENDED 2020-2021**

**DATE REASON AMOUNT COMMENTS**

**SUMMARY OF ABSENCES**

**DAYS REASON**

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**Student Name:**

**School:**

**Code:**

**Hourly Rate:**

**I HAVE EXAMINED THIS PAYROLL REPORT AND TO THE BEST OF MY KNOWLEDGE THIS REPORT IS A**

**CORRECT STATEMENT OF MY ABSENCES AND DAYS WORKED**

**SIGNATURE OF EMPLOYEE DATE SUPERVISOR’S APPROVAL DATE**