

**CLAIM FOR WAGES PAYMENT
CASUAL OR OVERTIME**

ISD 318
FORM C-7

PAY TO:
(Print Name & Address)

Effective 7/1/2015 all wage payments must include the number of hours worked.

Week Day	DATES WORKED			DUTY ASSIGNMENT Explain in Detail	HOURS Worked	EXPENSE CODE
	Mo	Day	Year			
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						

Submit Claims at the End of the Week. (Include Saturdays)				Total Regular Hours		Hourly Rate	Calculation
				Overtime Hours		OT Rate	Calculation
Employee Signature						a Day = _____ Hours	Calculation
Date Submitted				Grand Total			

Employee ID	Pay Code	Gross Amount	Expense Code	ES	Description	ACA Hours

TOTAL THIS PAY PERIOD

ACA Revision 7/1/2015