

Santa Rosa City Schools *Memorandum*

DATE: _____

TO: SRCS Certificated Payroll Services

FROM: _____
Print Name

Social Security #

Location

SUBJECT: **Bonus Day Payoff Request**

I am requesting to be paid (at the substitute teacher rate) for the _____ bonus day(s) I have earned during the last school year.

Signature

For payroll use only:

Budget Codes: 01.0000.0.1140.1000.1129.119.9995
01.0000.0.1140.1000.1129.249.9995

_____/_____
Payroll Tech/Date

_____ x _____ = _____
sub. rate total