

**Hereford Independent School District
PAYROLL REQUISITION FORM**

DATE REQUESTED

DATE RECEIVED

(To be completed by Payroll)

EMPLOYEE NAME

EMPLOYEE NUMBER

COMMENTS

EMPLOYMENT REASON (CIP/DIP/NCLB Goal #, Other Reason)?

HOW DOES THIS EMPLOYMENT IMPROVE STUDENT ACHIEVEMENT?

DESCRIPTION OF WORK	Quantity	Unit (Hour/Day)	Unit Price	Total Price
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TOTAL REQUISITION \$

ACCOUNT NUMBER

Amount to Charge



Supervisor Signature

Date

Central Office Approval

Please Remember to Attach a Timesheet signed by the Employee

Revised June 2011