

**WINN PARISH SCHOOL BOARD
SUPPLEMENTAL TRANSPORTATION PAY FORM**

Month/Year _____

LOUISIANA RETIREMENT SYSTEM MEMBERSHIP

I am a member of:
 Teacher's Retirement System (TRSLS) _____
 LA School Employees' Retirement (LSERS) _____
 LA State Employees' Retirement (LASERS) _____

Active _____
 Retired _____

Name _____

Address _____

Employee Number _____

Type of Service Provided _____

Day/Date	Time	Trip #1		Trip #2		Trip #3	
		Start Time	End Time	Start Time	End Time	Start Time	End Time
MON	Time	Start Odometer	End Odometer	Start Odometer	End Odometer	Start Odometer	End Odometer
	Odometer						
TUES	Time						
	Odometer						
WED	Time						
	Odometer						
THURS	Time						
	Odometer						
FRI	Time						
	Odometer						

Total Hours _____ @ \$7.50 = _____

Account Number _____

Total Miles _____ @ \$1.00 = _____

Account Number _____

Employee Signature _____

Principal Signature _____

Supervisor Signature _____