Revised 07/2018

IBERIA PARISH SCHOOL BOARD
REQUEST FOR EMPLOYEE PAYMENT

_____

MONTH/YEAR

List below the name(s) of employees for which a request for payment is being made. Your check for the gross salary plus benefits is to be attached. **E-mail Megan Duplechain (meduplechain@iberia.k12.la.us), Ashley Rodrigue (asrodrigue@iberia.k12.la.us), or Donna Neuville (doneuville@iberia.k12.la.us) in the Payroll Department for the benefit amounts to be remitted.** This form is due to the Payroll Department along with your end of the month absentee reports. Those submitted on time will be paid on the 15th of the following month.

EMPLOYEE NAME	EMPLOYEE NUMBER	GROSS AMOUNT	BENEFITS AMOUNT	TOTAL PAYMENT AMOUNT	DESCRIPTION OF PAYMENT
FIELD TRIPS					TOTAL OF ALL FIELD TRIP FORMS
SUBSTITUTE REIMBURSEMENTS					AMOUNT FROM SUBSTITUTE REIMBURSEMENT ATTACHMENT
			CHECK TOTAL		

_____ _____ _____

SCHOOL NAME **PRINCIPAL'S SIGNATURE** **DATE**