	А	В	С	D	E	F	G	Н	ı	J	K	L	
1 Public Schools													
2	RESPONSIBILITY CENTER Administrator Payroll Report PP 17												
3													
4													
5	Department Name:	APPROVED BY:						Two week period ended:					2/2/2019
6								SUPERVISOR:					
_	Period Begins:	APPROVEL	APPROVED DI:							SUPERVIS	OR:		
7 8	1/20	-											
0				2/02	2/03	2/04	2/05	2/06	2/07	2/08	Hourly		
		P/R Dept # Hourly/Salar		2/02	2/03	2/04	2/03	2/13	2/14	2/08	employees		
9	Period Ends: 2/2	y (H/S)		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	# hours worked		
			W										
			k										
10	Employee Name:		1										
	Initals		w										
			k										
11			2										
			W										
12	Employee Name:		k 1										
12	Initals		W										
			k										
13			2										
			W										
			k										
14	Employee Name:		1										
	Initals		W										
			k										
15		<u> </u>	2		<u> </u>			<u> </u>	<u> </u>				
			w k										
16	Employee Name:		1										
	Initals		W										
			k										
17			2										
			W										· · · · · · · · · · · · · · · · · · ·
			k										
18	Employee Name:		1										
	Initals		W										
10			k 2										
19		1							1]		ll .	