



Adult Worker Pay Calculation

Print Form

Human Resources
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907)761-4025 || F: (907)761-4084

Site Name:

Payroll Account: 379.501.700.0000.2.9.

Special Instructions: Send this original form and check to Human Resources. The employee's payroll check or direct deposit will only be processed from this original form. **Do not copy or fax this form.** Submission of this form must abide by the same payroll submission deadline for classified employees.

Please write a check to MSBSD for the Total Wages amount shown below.

Name (Last, First) Job Performed

Employee ID # **Note:** New workers must attach current W4, I9, Direct Deposit, and Beneficiary Forms to receive payment.

Date Worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL Hour(s)
Hr(s) Worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the employee is retired or part of the MSEA bargaining unit, use this calculation:

Total Hours

Object Code(s)	Rate of Pay
	\$10.00 x 1.5 = \$15.00
329	Gross Wages <input type="text"/>
362	Unemployment ESC <input type="text"/>
364	Medicare <input type="text"/>
363	Workers Comp <input type="text"/>
Total Wages <input type="text"/>	

If the employee is not retired or part of the MSEA bargaining unit, use this calculation:

Total Hours

Object Code(s)	Rate of Pay
	\$10.00 x 1.5 = \$15.00
329	Gross Wages <input type="text"/>
362	Unemployment ESC <input type="text"/>
364	Medicare <input type="text"/>
367	SBS <input type="text"/>
363	Workers Comp <input type="text"/>
Total Wages <input type="text"/>	

Employee Signature _____ Date _____

Site Principal Signature _____ Date _____

Site Principal Signature indicates approval.

Business Services Use Only:

