

**DOUGHERTY COUNTY SCHOOL SYSTEM
ADJUSTMENTS TO PAYROLL**

Semi-Monthly

Monthly

Date:	Location:
Name:	Position:
Employee ID#:	SS#:

ALL LEAVE WITHOUT PAY SHOULD BE SUBMITTED THROUGH AESOP ONLY.

DATE	(OVERTIME/ ADDITIONAL COMPENSATION)	HOURS	REASON
TOTAL			

Please indicate below the account number to be charged for hours worked.

***All salary object account numbers (last five digits) should begin with a one (1).**

ACCOUNT NUMBER	HOURS	INITIALS

(3)

(10)

(9)

Principal/Director/Supervisor Signature

Note: 1. **SEMI-MONTHLY PAYROLL** – See Semi-monthly Employees & Substitutes Reporting Schedule for dates to submit to Payroll.
2. **NO FAXES WILL BE ACCEPTED.**