

Merrymeeting Regional Adult Education  
 Adult Education Instruction

Name: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_

Course Title	Day	Date	# of Hours

Total Hours

Employee Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Employee #

Payroll Date

Rate of Pay: \_\_\_\_\_ Total Hrs. \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Total Hrs. \_\_\_\_\_

Account #: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Total: \_\_\_\_\_

Account #: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Total: \_\_\_\_\_

