



West Linn-Wilsonville School District
BUSINESS OFFICE
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Chief Financial Officer

Payroll & Benefits
pr-ben@wlww.k12.or.us

Dr. Kathy Ludwig
Superintendent

Accounts Payable
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Additional Pay Time & Attendance Request

Grant/Job Name: _____

Note about the Job: (If this is a new grant/job for the district, please also describe the duties of the job)

Start Date: _____

End Date (if applicable): _____

Approval Workflow

One-level Approver Name: _____ For: _____
Applicable to: _____

Multi-level 1st level Approver(s): _____ DS Name: _____
Final Approver Name: _____ For: _____
Applicable to: _____

Licensed Account Code: _____

Pay Rate: _____ (Leave the first box blank if Contracted Hourly Rate is selected)

Classified Account Code: _____

Pay Rate: _____ (Leave the first box blank if Contracted Hourly Rate is selected)

If paid at their contracted hourly rate, is it Overtime eligible? No Yes

Is account code different for each building? No Department in Charge:
Yes (Filled out buildings below)

Signature _____ Date _____

Name _____

Either fill out the table below OR attached an EXCEL table with the same format when turn in this form.

How do we create learning communities for the greatest thinkers and most thoughtful people... for the world?

[illegible]