PR4 - Payroll Special Time Claim

Use Blue or Black Ink ONLY

NAME: EMPLOYEE ID:

WORK LOCATION:

WORK DESCRIPTION:

MONTH: BUDGET CODE:

Date	Start Time	AM	PM	End Time	AM	PM	Total Hours	Non-Paid Lunch Taken (30, 45, 60 min)
1		Check	Check		Check	Check		
2		Check	Check		Check	Check		
3		Check	Check		Check	Check		
4		Check	Check		Check	Check		
5		Check	Check		Check	Check		
6		Check	Check		Check	Check		
7		Check	Check		Check	Check		
8		Check	Check		Check	Check		
9		Check	Check		Check	Check		
10		Check	Check		Check	Check		
11		Check	Check		Check	Check		
12		Check	Check		Check	Check		
13		Check	Check		Check	Check		
14		Check	Check		Check	Check		
15		Check	Check		Check	Check		
16		Check	Check		Check	Check		
17		Check	Check		Check	Check		
18		Check	Check		Check	Check		
19		Check	Check		Check	Check		
20		Check	Check		Check	Check		
21		Check	Check		Check	Check		
22		Check	Check		Check	Check		
23		Check	Check		Check	Check		
24		Check	Check		Check	Check		
25		Check	Check		Check	Check		
26		Check	Check		Check	Check		
27		Check	Check		Check	Check		
28		Check	Check		Check	Check		
29		Check	Check		Check	Check		
30		Check	Check		Check	Check		
31		Check	Check		Check	Check		
TOTAL								

RATE OF PAY: _____

TOTAL HOURS: _____

TOTAL DUE: _____

APPROVALS

Print Name: _____

Employee Signature:

_____

Date: _____

Signature affirms hours worked as shown

Print Name: _____

Principal/Supervisor Signature:

_____

Date: _____

Signature affirms hours worked as shown

Print Name: _____

District Office Director/Deputy Superintendent Signature:

_____

Date: _____

Signature affirms hours worked as shown

This form will not be processed without all Required Signatures

BS-F-004-PR4 REV 10/2024

Before Sending PR4 to Payroll for Payment

Required Fields:

1. **Legal Name**

2. **Employee ID -** (If unknown, Payroll will enter)

3. **Work Location -** (Example: Home, School Location, Etc.)

4. **Work Description** - (describe what duties performed, do not list your position)

5. **Month** in which work is being performed

6. **Budget Code**: (one per PR4 form)
   NOTE: payroll does not assign budget codes and will send the PR4 back if not included on the form. Send to DO Director in charge of PR4 Budget for Signature if

7. **Start, end time, on correct date, AM or PM checked, and indicate if a non-paid lunch taken (30, 45, 60 minutes, etc.)**

   Example: 9:00am – 3:30pm = 6 hrs (30, 45, 60 indicated in box provided)

   NOTE: If Classified staff, please make sure you double check your TCP times so there is no overlapping in hours.

8. **Indicate Pay Rate** if different from employee's hourly pay rate. If hourly rate is being paid this field can be left blank and payroll will enter it.

9. **Employee has printed name, signed and dated form**

10. **Principal/Supervisor has printed name, signed and dated form**

11. **Send to DO Director in charge of PR4 Budget for printed name, signature and date if needed**

If any of these fields are not completed (besides indicated), payroll will send the form back for correction.