GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
PAYROLL REQUISITION SCHOOL SITE USE
Open Payroll Requisition

Req. #_____

_____	_____	_____
Department/School	Employee Placing Order	Date

Fill out for Open Requisition. Please indicate Classified ☐ or Certificated ☐.

Dates valid	Employee name or Position	Purpose/Reason also state Sub or Extra Time		Amount not to exceed
			Sub Total	
	Benefit rates: Teachers/STRS 22.161%, Classified PERS 37.411%, Classified Non-Pers is 10.361%		**Benefit rate**	
			Total	

Funding/Resource	RS	Amount
Site		
Lottery		
Supplemental Concentration		
Title 1		
Title 1 Parent Participation		
Donations		
Preschool		
Transistional Kindergarten		
Sped.		
Other		

Employee:_____
Date

Site Dept. Admin.:_____
Date

District Dept. approval:_____
Date

District Approval:_____
Date

Account Code	Budget Amount