

FORM NO.



DATE RECEIVED

PAYROLL

**SOURCE DOCUMENT TRANSMITTAL FORM**

BOARD NO.

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BOARD NAME \_\_\_\_\_

<b>CHECK SOURCE DOCUMENT SUBMITTED</b>	<b>QUANTITY SUBMITTED</b>			
<input type="checkbox"/> Add/Change Employee Data Form				
<input type="checkbox"/> Board Deduction Form				
<input type="checkbox"/> Employee Termination Form				
<input type="checkbox"/> Salary Payout Form				
<input type="checkbox"/> Substitute/Replacement Time Claim				
<input type="checkbox"/> Extended Leave Form				
<input type="checkbox"/> Return from Extended Leave Form				
<input type="checkbox"/> Deferred Salary Application				
<input type="checkbox"/> Deferred Salary Cancellation Form				
<input type="checkbox"/> Cancelled Cheque Form				
<input type="checkbox"/> Supt. & Asst. Supt. Monthly Attendance Report				
<input type="checkbox"/> Substitutes Sick Leave Report				
<input type="checkbox"/> Teachers Monthly Attendance Report				
<input type="checkbox"/> Social Insurance Number Change				
<input type="checkbox"/> School Calendar				
<input type="checkbox"/> Public Exam/Planning & Research Time Claim				
<input type="checkbox"/> Public Exam Employee Data Form				
<input type="checkbox"/> Certification Pay Change Form				
<input type="checkbox"/> Teachers Pension Data Form				
<b>TOTAL</b>				

DATE \_\_\_\_\_  
YY / MM / DD

BOARD AUTHORIZING SIGNATURE \_\_\_\_\_