HAMBLEN COUNTY SCHOOLS
SPECIAL SERVICES DEPT. CONTRACTED SERVICE

for office use
PAYROLL _____
CONTRACTED _____

NAME _____ TITLE AND/OR DEPT. _____
ADDRESS _____ DATE _____
_____ PHONE _____

*Use black ink

DATE	STUDENT / PLACE VISITED	HOURS	PARENT/GUARDIAN SIGNATURE (if applicable)

SUBTOTAL HOURS THIS PAGE _____

SIGNATURE _____ ACCOUNTING CODE _____

APPROVED, SUPERVISOR _____ APPROVED, SUPV. BUSINESS _____

JUSTIFICATION _____ APPROVED, DIRECTOR _____

_____

_____

TOTAL HOURS ALL PAGES _____ x $_____ = **GRAND TOTAL ALL PAGES $_____**
(rate of pay) (place grand total as front page)

Submit to special services office.
Form 84

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