Note: Two lines have been provided for each employee to show regular time worked and overtime hours worked and the amount each employee earned for regular time and overtime.

## **COUNTY HIGHWAY PAYROLL SCHEDULE**

Page \_\_\_\_\_ of \_\_\_\_ Pages

TOTAL NUMBER OF REGULAR HOURS FOR PERIOD BEGINNING , 19 AND ENDING , 19 COUNTY, INDIANA																				
B	Noncash Benefits	Total Hours	Rate of Pay		T	1	PAYROLL DISTRIBUTION BY EXPENSE CLASSIFICATION							т		L DEDUCTIONS				
NAME				Gross Pay	Tota	Acc Nur	ount nber	Amount	Account Number	Amount	Account Number	Amount	Federal With- holding Tax	Social Security Tax	Medicare Tax		Insur- ance		Amount of Warrant	Warrant Number
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## INSTRUCTIONS

- (1) Prepare a separate payroll schedule for each fund. It is permissible for the payroll schedule to be prepared by district; however, in all such instances, the payroll schedule should be consolidated into one payroll to be certified to by the county highway supervisor, or by the county surveyor, if serving as county highway supervisor.
- (2) General Form 99A, Employee's Service Record, shall be maintained by the county highway department for each employee and shall be posted daily to show hours worked, sick leave, vacation leave, etc. Information posted to this form shall be utilized to support the payroll schedule.
- (3) Under the column headed "Payroll Distribution by Expense Classification" enter the expenditure account number and the amount to be charged for each employee's service. For example, if an employee is entitled to \$160 with one-half of the amount being due as a truck driver in the maintenance and repair of highways and one-half of the amount due for services as a garage mechanic, enter Account No. 2110 and the amount of \$80 in the first two columns and Account No. 4110 with \$80 in the next two columns. The expense classifications are those taken from the County Highway Budget Estimate, Form No. 26, and these classifications shall be strictly adhered to in preparing the payroll.
- (4) In the section headed "Distribution of Expense" on the reverse side of the payroll schedule, enter the title and number of each expenditure classification and the amount applicable to each such account as taken from the payroll schedule. The total distribution must agree with the gross amount of the payroll.

I, COUNTY, SS:	CLAIM NO	DISTRIBUTION OF EXPENSE				
Name Title	Warrant No. to (Inclusive)  PAY ROLL OF	Appropriation or Account Title	Approp. or Acct. No.	Amount		
of County Highway Department hereby certify that I have examined the time record of each employee listed on pages of this pay roll, that	COUNTY HICHWAY DEPARTMENT				1	
each employee has performed the services for which the salaries or compensation is paid; that to the best of my knowledge and belief no part of the salary or compensation of any employee listed hereon is being divided or paid to any other person on account of or by reason of his employment; that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each such employee; that the deductions have been authorized for the purpose stated; that this pay roll totaling \$	(Fund)  Total Gross Pay \$ DEDUCTIONS Federal W/H Tax \$  Social Security Tax  Medicare Tax  State W/H Tax  Insurance					
(Official Title)  I have examined the within claim and hereby certify as follows: That it is in proper form. That it is duly authenticated as required by law.  That it is based upon - { contract. { statutory authority.}  That it is apparently - { correct. incorrect.	Net Amount of Warrants \$	Total Gross Pay		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0 4 0 7	
County Auditor	(Board of County Commissioners)		County	Andie		