

Rocky Hill Public Schools
Saturday Detention Payment Form
 Account Code 1000-29-111-1000-06

Name	Date	Start Time	End Time	Hours Worked	Rate of Pay	Amount Due
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
					\$ 31.50	\$ -
Totals				-	\$ 31.50	\$ -

Signatures:

Date signed:

Teacher(s): _____

Principal: _____

Assistant Superintendent
Finance & Operations: _____
