

**BROOKFIELD LOCAL SCHOOLS
DETENTION PAYMENT FORM**

614 Bedford Rd. Brookfield, OH

Budget Code
112

To be signed and submitted to Janelle Ellcessor, Payroll Office

Teachers Name

List the date(s) below that you are requesting for payment

\$25.00/hr

Date	Number of Hours
Total # of Sessions for the Pay Period	

Signature

Date

Building Principal

Date

Total Amount Paid: _____ **\$** _____

Filled out by Payroll