



ELECTION TIME AND EXPENSE REPORT

Hourly Pay Rate Form

FOR USE BY CLERK OF COURT, ROV, AND LAW ENFORCEMENT WHO ARE PAID HOURLY

Section 1: General Information

Date*

Name* Title* Parish*

Address*

(Street) (City) (State) (ZIP Code)

SSN* Member of the COC Retirement System* Start Date*

Payee Type*

Section 2: Hourly Time Ledger

Date	Time-In	Time-Out	Total Hours	Assign Hours		Duties Performed
				Regular	Overtime	

Section 3: Travel Ledger

Date	Hour		Odometer Reading		Miles Traveled	Territory Traveled (List Places Visited)
	DEP.	ARR.	DEP.	ARR.		

Section 4: Accounting Use

Rate of Pay:	<input type="text"/>	Σ Regular Hours Worked:	<input type="text"/>	Total:	<input type="text"/>
Overtime Rate of Pay:	<input type="text"/>	Σ Overtime Hours:	<input type="text"/>	Total:	<input type="text"/>
Total Miles Traveled:	<input type="text"/>	Mileage Rate:	<input type="text"/>	Total:	<input type="text"/>
			Sub Total:	<input type="text"/>	
FICA Rate:	<input type="text"/>	Medicare Rate:	<input type="text"/>	Σ Subject to FICA:	<input type="text"/>
Σ FICA Reimbursement:	<input type="text"/>	Σ Medicare Reimbursement:	<input type="text"/>	Grand Total:	<input type="text"/>

By my Signature below, I certify that the information on this form is accurate and true.

X _____

Payee Signature* Printed Name*

X _____

Approving Authority* Printed Name*