

Norfolk Public Schools
Short-Term Services Pay Report*

Date: ____/____/____
Month Day Year

Note: *If working directly with students, a background check is required.*

Last Name: _____ First: _____ Middle Initial: ____

Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____
Month Day Year

1. I certify that all the information provided by me on this form is true and complete.
2. I authorize the Norfolk Public Schools to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release the Norfolk Public Schools, its Board of Education, administrators, employees, and agents from any and all damages that may result from the Norfolk Public Schools doing so.

My signature signifies that I have read the foregoing acknowledgments and fully understand the contents thereof.

Service Provider's Signature: _____

Service Provided: _____

School: _____

Date(s)	Hours Worked	Rate of Pay	Comments

Account/Program to Charge: _____

Administrator's Signature: _____

For Office Use Only:	
Date Paid: ____/____/____ <small>Month Day Year</small>	Check Number: _____

*Short-Term = One week (5 days) or less

Please send this form to the C.O. Business Office