

**TOWN OF WEST FAIRLEE**

**EMPLOYEE REQUEST FOR PAYMENT**

**DATE:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**POSITION/JOB TITLE:** \_\_\_\_\_

**PAYROLL PERIOD:** \_\_\_\_\_

**DATES/HOURS OF SERVICE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL PAYROLL HOURS:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(OFFICE USE ONLY)

**FORM MUST COMPLETED AND SUBMITTED TO TOWN TREASURER PRIOR TO 1<sup>ST</sup> AND 3<sup>RD</sup>  
MONDAY OF EACH MONTH/BEFORE 8:30AM**