

**KNOX COUNTY SCHOOLS
MAINTENANCE & OPERATIONS DEPARTMENT**

Our mission is to provide a clean, safe, secure, working and learning environment to all facility occupants.

CUSTODIAL PAYROLL REIMBURSEMENT REGISTER

This register is to be used when a custodian works additional hours for the convenience of a daycare provider. Provide all of the requested information. PLEASE DO NOT SIGN BLANK FORMS IN ADVANCE OF WORK!

PART I

TO BE COMPLETED BY THE EMPLOYEE:

Employee Name: _____

Employee Social Security Number: _____

Employee School: _____

Name of Day Care Company: _____

Date of work: _____

Hours worked for the convenience of the daycare: _____

Signature of Employee: _____

By signing, I certify that I worked the hours indicated herein and that the daycare provider authorized me to work these hours.

PART II

TO BE COMPLETED BY THE DAYCARE PERSONNEL:

By signing, I certify that I authorized the employee listed above to work the hours indicated herein.

Signed: _____

DayCare: _____

PART III

**TO BE COMPLETED BY THE KNOX COUNTY SCHOOLS MAINTENANCE &
OPERATIONS PAYROLL CLERK ONLY**

Total to be reimbursed by the daycare: _____ Hours x _____ = \$ _____

This form may be used to record up to one calendar week of daycare time for one employee.