



Louisiana Secretary of State

ELECTION TIME AND EXPENSE REPORT

FOR USE BY CLERK OF COURT, REGISTRAR OF VOTERS, AND PARISH BOARD OF ELECTIONS SUPERVISORS

Hourly Pay Rate Form

Section 1: General Information

Date*

Name* Title* Parish*

Address* (Street) (City) (State) (ZIP Code)

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

Employer Type* Payee Type*

Standard Rate of Pay* Overtime Rate of Pay*

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	Territory Traveled (List Places Visited)
	DEP.	ARR.	DEP.	ARR.	Traveled	

Section 4: Accounting Use

Standard Rate of Pay:	Σ Regular Hours Worked:	Total:
* Overtime Rate of Pay:	Σ Overtime Hours:	Total:
Total Miles Traveled	Mileage Rate	Total:
FICA Rate:	Medicare Rate:	Σ Subject to FICA:
Σ FICA Reimbursement:	Σ Medicare Reimbursement:	Σ Subject to Medicare
		Sub Total:
		Grand Total:

Section 5: Certification

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*