



# 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:
			<b>Sub Total:</b>
FICA Rate:	Medicare Rate:	Σ Subject to FICA:	Σ Subject to Medicare
Σ FICA Reimbursement:		Σ Medicare Reimbursement:	<b>Grand Total:</b>

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\*