

S T U V W X Y Z
 MEAL MISC. N.P. BOND GR. IN INS. SUMM PAY
 "X" BLOCKS FOR D. A. OFFICE ONLY

STATION AND OFFICE FORCE PAY CARD N. P. FORM 9111

1 161 108
 14.812 2.777 AUG 31 1955 123
 002 701-09-0302 Wghmstr Clk 7
 R.M. Stallsmith Everett



D A Y	TIME ON OCCUPATION IMPRINTED ABOVE				TIME WORKED ON OTHER OCCUPATIONS											
					OCCUP.				OCCUP.				OCCUP.			
					RATE				RATE				RATE			
STR. TIME	1½ TIME	TIME PAID NOT WKD. VAC. OTH.		STR. TIME	1½ TIME	TIME PAID NOT WKD. VAC. OTH.		STR. TIME	1½ TIME	TIME PAID NOT WKD. VAC. OTH.		STR. TIME	1½ TIME	TIME PAID NOT WKD. VAC. OTH.		
1/16	8															
2/17	8															
3/18	8															
4/19	8															
5/20																
6/21																
7/22	8															
8/23	8															
9/24	8															
10/25	8															
11/26	8															
12/27																
13/28																
14/29	8															
15/30	8															
31	8							1				2			3	
TOTAL STR.	TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT	TOTAL HOURS	
	12	177.74			2				3				4		HOURS	
TIME 1½	3	8.33													HOURS	
TIME NOT WKD.															HOURS	
TOTAL	18	186.07	TOTAL		TOTAL				TOTAL						TOTAL AMOUNT	

186.07

A FORM 9111 OR 9111A SHOULD BE FURNISHED FOR EACH OFFICE WHERE AN EMPLOYEE WORKS DURING THE PAYROLL PERIOD.
 THE FOUR COLUMNS ARE PROVIDED TO TAKE CARE OF CHANGES IN RATES AND OCCUPATION AT EACH OFFICE.
 RETAIN THE TOP COPY.
 MAIL THE CARBON COPY (CARD) WITH FORM 9120 TO THE DISTRICT ACCOUNTANT PROMPTLY AT THE END OF PAYROLL PERIOD.
 CARBON COPY (CARD) SHOULD ACCOMPANY FORM 807 IF EMPLOYEE LEAVES THE SERVICE. ALL ADDRESSOGRAPHED FORMS 9111 NOT USED MUST BE RETURNED TO THE DIST. ACCT. AND REASON FOR NO SERVICE SHOWN, SUCH AS RESIGNED, SICK LEAVE, TRANSFERRED TO — ETC.

MONTH	PER D.	VAC.	ORIGINATED BY	DIST. VARIANCE	PUNITIVE OVERTIME
1 2 4 7	1 2		D.A. AGENT		

OUT OF SERVICE
 I. C. C. DIVISION
 STATION NO.
 MALE FEM.
 DEPT. NO.

TAX CODE
 DISTRIBUTION CODE
 EMPLOYEE NUMBER