

Appendix D

Department of Public Safety and Correctional Services

Institution/Facility _____

INMATE WEEKLY PAYROLL

Wk. Ending: _____ . 20_____

*Supervisor Signature _____ Badge #: _____

** My signature as detail supervisor serves to affirm that I have provided appropriate safety instructions/equipment to the following workers:*

	Inmate ID Number	Inmate Name (Last, First)	Workdays 1 thru 7							Total Days	Inmate Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											