## **PAYROLL CERTIFICATION**

City of Milwaukee

Department Name:		Bi-Weekly Period Ending:	
Bldg	Room No	Pay Period No.	Date BCU No
		Count of Employees Paid:	No. of Sheets
PAYROLL CLERK	<u>'S AFFIDAVIT</u>	Total Gross Pay: \$	
State of Wisconsin ) ) ss. Milwaukee County )			
I,	NAME	, the	duly authorized payroll clerk of the
DEPARTMEN	T, BUREAU, BOARD OR COMMISSION	Oft	he City of Milwaukee, being first

duly sworn, on oath depose and say:

That there is presently on file with the Department of Employee Relations the authorization of the head of said unit appointing me payroll clerk.

That the names of employees and the time of service as shown in this payroll are correct: that the labor or other service or work mentioned was performed in accordance with law and their civil service titles by the persons therein, to the exclusive benefit of the City of Milwaukee and not otherwise, and at no other time than during the pay period stated with such exceptions as are specifically provided for in Sections 350-209-1, 350-20-4 of the Milwaukee Code of Ordinances and with such exceptions as are specifically provided for by the rules and ordinances regarding sick leave and overtime and except that errors in previous payrolls may be herein corrected but every such correction, if any, is explained herein: that the persons were employed in the service of said city for the length of time entered on the roll opposite their respective names, and for the kind of labor or service specified and that the said payroll is in all respects just and correct for the period ending as now certified and that the same has not been paid, and that said labor or service has not been reported or certified to in any other manner or form than on the within payroll.

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D)	
d approve the same and that to the bes	t of my knowledge and belief it is
IENT HEAD OR DEPUTY	DATE
1	d approve the same and that to the bes MENT HEAD OR DEPUTY

exempt trom civil service, have been appointed, employed or promoted, and so far as known to this Board are performing service in accordance with the Civil Service Laws and rules and regulations adopted in pursuance of said laws and in accordance with all existing laws and ordinances, and that the rate of salary or wages is in accordance with the rate fixed by the proper authorities.

## BOARD OF CITY SERVICE COMMISSIONERS

Employee Relations Director

**FUND DISTRIBUTION** (USE BACK OF PAGE IF NECESSARY)

## COMPTROLLER'S AUDIT

I hereby certify that I am authorized to check this payroll as to certifications, authority, funds, extensions and additions and that I find the same correct and according to law and that I have affixed the audit stamp of the City Comptroller thereto.