

EXTRA PAY FORM

Employee Name _____ Job Title _____

Soc. Sec. Number _____ School/Dept. _____

PAYROLL ACTION:

[] Regular Hourly Rate [] Overtime Rate [] Other Rate \$ _____
(Prior approval required)

Description of work performed:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
WEEK 1						
DATE -----	-----	-----	-----	-----	-----	
Hours Worked						
WEEK 2						
Date -----	-----	-----	-----	-----	-----	
Hours Worked						

(Total time/hours need to be recorded in ¼ hr. increments daily and totaled)

TOTAL HOURS _____

Account Code: _____

 Employee Signature

 Date

 Authorized by Principal/Administrator

 Date

Payroll deadline – Monday following payday 10:00 AM