BAINBRIDGE ISLAND SCHOOL DISTRICT Payment for Extra Duties

Name:			
Position:			
Location:			
Reason for Wor	k:		
Dates Worked:	Date	Ξ	hours
	Date	=	hours
	Date	=	hours
	Date	=	hours
	Date	= hours	
	Date	=	hours
	Date	=	hours
	Date	=	hours
I certify. that I		work described above. ployee Signature	Date
	Work	Completion/Pay Approv	al
Pay at: Per diem ra	ay at: Per diem rate Curriculum rate		
Budget Account #:			
	Supervisor Signature		
		Superintendent Signature	