

# HAXTUN SCHOOL DISTRICT EXTRA PAY

Name of Employee Performing Services: \_\_\_\_\_

Job Title: \_\_\_\_\_

Pre-Approval of Extra Duty: \_\_\_\_\_

*(Supervisor Signature)*

**Description of Extra Duty Work Performed:** \_\_\_\_\_

Date	Time Worked Example: 8:15am – 4:10pm

Total number of hours \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY BUSINESS MANAGER

\_\_\_\_\_ Total amt due this period: \_\_\_\_\_ days/hrs @ daily/hourly rate of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Total amt due this period: \_\_\_\_\_ stipend of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Budget Code: \_\_\_\_\_