**South San Antonio ISD**

**Supplemental Payroll Request**

**Date**

**Department/Campus**

**Originator**

**Funding Source/Account Code Amount**

**Signature of Director/Campus Administrator**

**Category of** **Request:**

* **Overtime- Scheduled**
* **Overtime- Emergency**
* **Staff Development**
* **Extension of Employment Days**
* **Stipend**
* **Extra Duty Pay**
* **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher/Interpreter/**  **Aide Name** | **Employee**  **ID #** | **Total Hours** | **Rate Per Hour** | **Amount**  **Due** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Grand Total:** |  |

**Dates of Supplemental Employment: School Year:**

|  |
| --- |
| **Authorization** |
| **Account Balance: $** **Cost of Request:$** |
| **Budget Amendment: YES NO** **Available Funds:$** |
| **Approved:** |
| **Executive Director**  **Date** |
| **Approved:** |
| **Chief Academic Officer Date** |
| **Approved:** |
| **Chief Financial Officer/Payroll Accountant Date** |