

Brownsville Independent School District

Extra Duty Composite

Campus/Dept. Name and Number													
Program Name													
Account #		-		-		-		-		-		-	
Contact Name and Title													
Contact Phone #													
Monthly Salary Certified		Monthly Hourly Classified				Bi-Weekly Classified							
Regular Pay Loc.	Employee Name	Employee ID #	Job Description/Sports			Rate Per Day Or Hour	Total Days or Hours	Total Amount					
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
<i>Date Composite was Received at Payroll:</i>						TOTAL							

List names by campus order then by alphabetical order Classified and Certified employees must be on separate forms

*****Signatures below certify that the information provided on this form are true, correct, and unpaid.*****

Verification/Approval of Composite, Pay Loc., Name, Emp. ID#, Description, Hourly Rate, Total Days/Hours and Total Amount.			
Campus/Department Administrator's Signature		Date:	

Verification/Approval of Composite, Total Amount and Budget Account Number.			
Budget Administrator's Signature:		Date:	
Title of Administrator:		Date:	