

Crandall Independent School District Extra Duty Pay Request

Please complete every column in order for employee to be compensated correctly

Campus/Department _____

Employee Full Legal Name	Date Worked	Time Worked <small>(e.g. 4:30 p.m.-6:30 p.m.)</small>	Total # Hours	Pay Rate	Total Earned	Duty Performed

Campus/Department Approval: _____ (Principal/ Director) _____ (Date)

FOR BUSINESS OFFICE USE ONLY:
 Date Received: _____ Pay Code/Account #: _____