POCATELLO/CHUBBUCK SCHOOL DISTRICT 25



PR5 (Rev 09/25/18)



LEARNING TODAY FOR THE POSSIBILITIES OF TOMORROW

AUTHORIZATION FOR SUPPLEMENTAL SERVICE PAY

Employee Name		Employee SSN/ID	Charge to Expense Code	
I certify that the above	e employee has performed	d services as		
		(Describe Activity)		
			at	
(Dates of Service)		(Number of Days/Hour	rs) (Rate)	(Total Dollars)
AUTHORIZED SIGNATURE:		DIRECTOR'S SIGNATURE:		DATE:
Retain one copy and send a duplicate copy to your director for final approval.				
Payroll Received Date:		Payroll Initial		
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MORE TOGETHER	POCATELLO/CF	O/CHUBBUCK SCHOOL DISTRICT 25 PR5 (Rev 09/25/18)		
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