

**GALLATIN COUNTY SCHOOLS  
EXTRA DUTY PAYROLL REPORT**

THE FOLLOWING INFORMATION IS COMPLETED BY THE EMPLOYEE

A copy of required reports must be attached. These reports and this form must be sent in a BLUE  
PAYROLL FOLDER FROM EACH OFFICE

Name of Employee: \_\_\_\_\_

Title of Extra Duty Pay: \_\_\_\_\_

Amount of Payment : \_\_\_\_\_

I certify that I have completed the extra duty assignment listed on this form.

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

.....  
*The following information must be completed by the supervisor -*

I certify that the employee stated above has completed the extra duty assignment listed on this form.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*The following information must be completed by the budget manager -*

Budget Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_