

Alvarado Independent School District
Payroll Department

EXTRA HELP - AUTHORIZATION TO PAY

Please Note:

To ensure accurate and prompt reimbursements, please answer all questions. Incomplete forms will be returned. All extra duty must be pre-approved by the HR Department.



1. Employee Information

Name: _____ Employee Number _____

Address: _____ City _____ State _____ Zip _____

Please check here if this is a new address

Are you a current AISD employee? Yes No Campus _____

2. Position Information

Position Title: _____

Additional Information:

Purpose: _____ Effective Date: _____

Hours/Days per Week: _____

Hourly Rate: _____
(Call HR for help)

Budget Code _____
Amount _____

Employee Acceptance of Terms: I understand I will be paid at the hourly rate noted above, that I will receive no benefits (based upon this assignment), and that I am eligible for overtime compensation, in accordance with the Fair Labor Standards Act, if I work over 40 hours within a work week.

Administrator/Supervisor Signature _____

Title: _____ Campus _____ Phone _____

Employee Signature _____ Date _____

Timesheet must be attached with this form