



Brooks County Independent School District



Extra Duty PAY REQUEST

EMPLOYEE: _____ CAMPUS _____

ID # _____

DATE OF WORK DONE: _____ DAY OF THE WEEK: _____

NATURE OF WORK DONE: _____
DESCRIBE IN DETAIL _____

HOURS WORKED:

BEGINNING TIME: _____ AM ENDING TIME: _____ PM

TOTAL HOURS: _____ LUNCH BREAK: YES NO

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF EMPLOYEE _____

DATE _____

THIS EXTRA DUTY WORK / OVERTIME AUTHORIZED BY:

SIGNATURE OF SUPERVISOR _____

DATE _____

THIS EXTRA DUTY WORK / OVERTIME AUTHORIZED BY:

SIGNATURE OF SUPERINTENDENT _____

DATE _____

ACCOUNT # _____

TOTAL: _____

ACCOUNT # _____

TOTAL: _____

FOR OFFICE USE ONLY:	
REGULAR RATE:	_____
OVERTIME RATE:	_____