

SANTA FE INDEPENDENT SCHOOL DISTRICT
EXTRA DUTY PAY VOUCHER

Assigned Campus

Legal Name of Employee

Mailing Address

City, State, Zip Code

PLEASE PRINT

Social Security Number

Job Duty (Ticket Taker, Curriculum Writing, etc.)

Date(s) Time(s) Employed for Extra Duty

Employee's Signature

Printed Name

Supervisor's Signature

Budget Manager's Signature

Amount to be Paid

* Date Paid

Account Number

****For bookkeeping records- Payroll Department will complete date paid**