

**CRANDALL INDEPENDENT SCHOOL DISTRICT
EXTRA DUTY PAY REQUEST**

ONE FORM PER EXTRA DUTY. EXTRA DUTY PAY REQUEST ARE DUE THE LAST WORK DAY OF EACH WEEK. FORM MUST BE COMPLETED CORRECTLY IN ORDER TO BE COMPENSATED.

EMPLOYEE FULL NAME: _____ POSITION (EX. Aide, Food Service, Teacher etc...) _____

CAMPUS: _____ EXTRA DUTY PERFORMED: _____

| DATE WORKED | HOURS WORKED (e.g. 4:30 p.m. - 6:30 p.m.) | TOTAL HOURS/DAYS | PAY RATE PER HR/DAY | TOTAL EARNED/ DAY | DUTY PERFORMED |
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| TOTAL HOURS WORKED | | | TOTAL TO PAY | | |

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____

SIGNATURE (Principal / Director)

FOR BUSINESS OFFICE USE ONLY:
 Date Received: _____ Pay Code/Account #: _____

Extra duty worked will be paid in the month that it is performed.
 Anything held for more than 2 months is subject to approval by CFO.
The due date for extra duty forms is the last day of the work week in which performed.

revised 6/23

| TIME CLOCK CALCULATIONS | |
|--------------------------------|------|
| 00 - 07 | 0.00 |
| 08 - 22 | 0.25 |
| 23 -37 | 0.50 |
| 38 -52 | 0.75 |
| 53 - 00 | 1.00 |