

ELGIN INDEPENDENT SCHOOL DISTRICT

**Request for Payroll Supplement
(Extra Duty Pay)**

Complete form and obtain appropriate approvals before submitting for payment. Time sheet schedule is on the back. Please include only one pay period per Blue Sheet.

Name: _____ Employee Number: _____

Campus: _____ Position: _____

Duty performed (be specific as to activity/program/project): _____

*Attach documentation (ex: student sign in sheets)
Hours worked must be outside normal duty schedule*

DATE(S) WORKED	TIMES AND TOTAL HOURS WORKED (ex. 8:00am-12:00pm = 4 hrs)	RATE	TOTAL (HOURS x RATE)

Amount: _____

Budget Code: _____

Employee: _____ Date: _____

Approved: _____ Date: _____
Principal

Approved: _____ Date: _____
Program Director

Business Office Use:

Approved: _____ Date: _____ Director of Finance & Accounting or CFO (Fund 199, 240, or 242)
Approved: _____ Date: _____ Special Revenue Accountant (Fund 199 - Special PIC, 2xx, 3xx, 4xx, 865)