GOAL:_____

OBJECTIVE:_____

EXTRA PAY FORM

LAST NAME:_____FIRST NAME: _____

EMPLOYEE #_____POSITION _____CAMPUS_____

PURPOSE:_____

MONTH: _____* *Please indicate time in and time out for each work day.*

DATES	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	HOURLY/OT RATE	TOTAL PAY
							TOTAL:			

ACCOUNT NUMBER	PERCENT	AMOUNT
_____	_____	_____

I certify that the above information is true and correct.

_____ _____

Employee's Signature & Date **Federal Program's Director Signature & Date**

_____ _____

Director/Principal's Signature & Date **Superintendent Signature & Date**

_____

Chief Financial Officer Signature & Date

*** Tutorial Forms need to be attached(Students Signature, Date and ID#)**

*** Homebound Service forms need attachments that contain Students/Parent/Teacher and and Principal's signature**

*** Trainings must have the itinerary/agenda attached**

*** Please indicate time in and out for each work day**