# Leslie County Board of Education

Print Form

# Extra Service Pay Form

Emp Name: _____ Employee ID: _____

Site Name: _____ Service Provided: _____

Pay Code: _____ Rate of Pay: _____

Student Served* _____

| Date | **Start Time | **End Time | Hours | Comments | Signature (Program Dir/Parent) |
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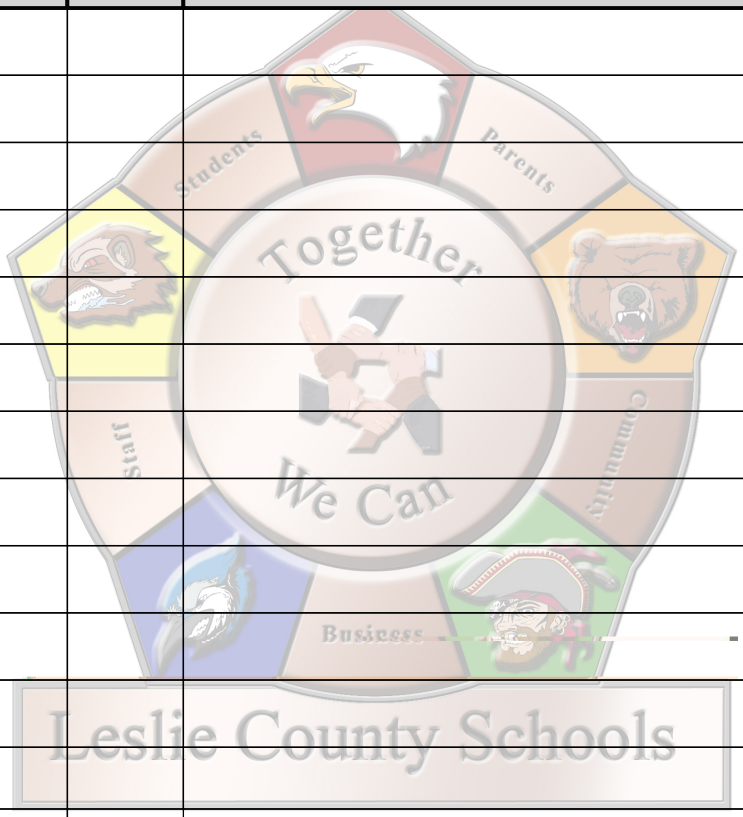
| **Total Hours** | | | | | |




Employee Signature: _____

Supervisor Signature: _____

*With my signature above, I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.*

**Student Name must be recorded for services involving individual students.*
***All ESS, 21st Century, Home Hospital services must have a start and end time recorded above before payment will be approved.*