

Leslie County Board of Education

Print Form

Extra Service Pay Form

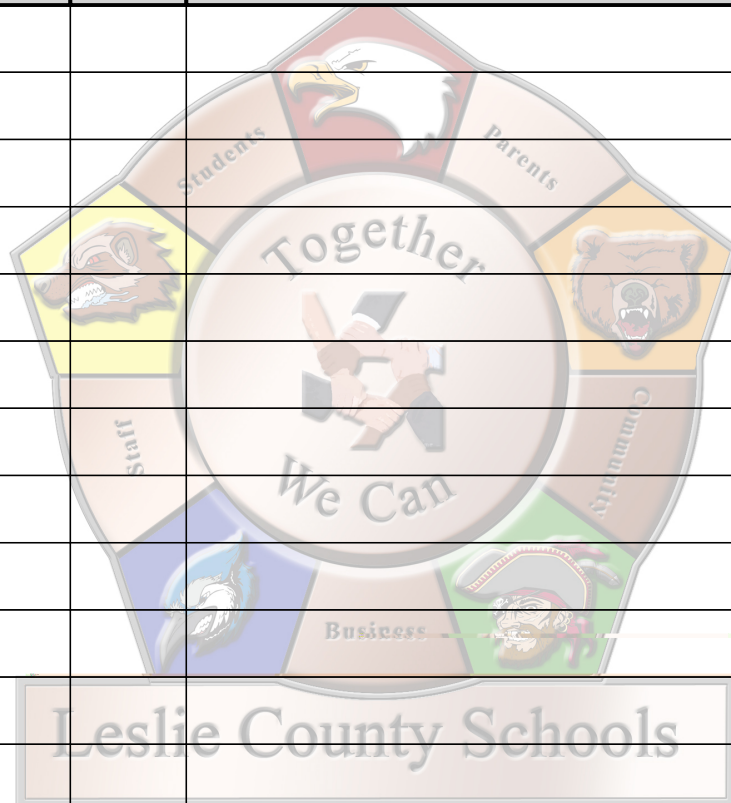
Emp Name: _____ Employee ID: _____

Site Name: _____ Service Provided: _____

Pay Code: _____ Rate of Pay: _____

Student Served* _____

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