

THIS FORM IS FOR SLO LEAD TEACHERS ONLY

Please TYPE:

Name of Campus and Location #

REPLACE XXX with LOCATION #
(Include Leading Zeros)

Please appropriately SELECT one of the following:

- Elementary Supplemental Duty
- High School Supplemental Duty
- Middle School Supplemental Duty

Please TYPE:
Contact Name, Title, and Contact Phone #

Print Form

Clear All

Clear Attendees

Brownsville Independent School District 10/04/2024

Extra Duty Composite Elementary Supplemental Duty

Campus/Dept. Name and Number											
Program Name		TIA SLO Trainers (SLO Lead Teachers)									
Account #		167 - 13 - 6118 - 00 - XXX - Y - 99 - 000 - 4									
Contact Name and Title											
Contact Phone #											
Monthly Salary Classified	<input checked="" type="checkbox"/>	Monthly Hourly Classified		Bi-Weekly Classified							
Regular Pay Loc.	Employee Name	Employee ID #	Job Description/Sports	Rate Per Day Or Hour	Total Days or Hours	Total Amount					
1.			TIA SLO Trainer	\$35.00		\$0.00					
2.						\$0.00					
3.						\$0.00					
4.						\$0.00					

Please TYPE:
LOCATION # (With Leading Zeros)

Please TYPE in
ALPHABETICAL ORDER:
LAST NAME, FIRST NAME

Please TYPE:
Employee ID#

Please TYPE:
Total # of Hours
Worked

Signatures below certify that the information provided on this form are true, correct, and unpaid.

Verification/Approval of Composite, Pay Loc., Name, Emp. ID#, Description, Hourly Rate, Total Days/Hours and Total Amount.			
Campus/Department Administrator's Signature		Date:	

Requires:
Principal's Signature

Please date as:
8/19/2024