



Extra Time Payment Request Form

Cape Henlopen School District
1270 Kings Highway
Lewes, DE 19958

Employee Name (Printed): _____ Position: _____ Employee ID: _____

Employee Signature: _____ Date: _____ Building: _____ Program: _____

Day of Week	Date	Start/Stop Times	# of Hours	Purpose	Hourly Rate
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS					

Funding: _____ Pay Period End Date: _____

Authorization Signature: _____ Date: _____

All requests for extra pay **MUST** have live signatures and be submitted during pay period covering days worked