Supplemental Pay Form

Waco INDEPENDENT SCHOOL DISTRICT

Employee Name	Employee ID
Employee Position	Organization
Is Employee a New Hire? ☐ Yes ☐ No	If Yes: Employee Start Date:
Initiator Name	Date Prepared

Daily Pay Rate	Date(s) Worked
Hourly Pay Rate (Include Overtime Rate for Paras)	Total Hour(s) Worked (Decimal Form)
Specific Assignment/Duties Performed	

Budget Code to Be Charged (Do not include benefits)	Amount
	$

*Supplemental pays must be paid from an Extra Duty account. If there is not sufficient funds in the budget line, a budget transfer must be completed.

*Please do not include benefits amounts on this form.

_____   _____
Principal/Dept. Head Signature   Date

_____   _____
Program/Grant Admin Signature   Date

_____   _____
Budget Department Signature   Date

REVISED
7:56 am, Aug 06, 2024