



Donna Independent School District

Business & Finance Department – Extra Duty/Wage and Hour Form

904 Hester Ave
Donna, TX 78537

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Dr. Angela Dominguez
Superintendent of Schools

Extra Duty Over Time Compensatory Time

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

CAMPUS/DEPARTMENT: _____ DATE: _____

Supervisor's Approval: _____

| DATE | DAY | IN | OUT | TOTAL TIME | EVENT | ADMINISTRATOR'S APPROVAL |
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Employee Regular Hourly Rate: \$ _____

TOTAL HOURS EARNED OVERTIME: _____ hrs. x 1.5 = _____

TOTAL Pay: \$ _____

Regular Time Worked: _____ hrs.

TOTAL HOURS EARNED: _____ @ Compensatory Time _____ hrs.

I certify these hours worked are true and correct and that if I choose to be compensated with Compensatory Time versus Overtime Pay I will not be compensated monetarily rather with time. I further understand that any Compensatory Time earned this school year will be used this school year.

Employee Signature: _____

Date: _____

Chief Financial Officer's Signature: _____

Date: _____

NOTE: Please attach documentation stating approval of overtime/compensatory time.