



Supplemental Pay Authorization

Employee Name: _____ EE ID # _____ Campus: _____

<input type="checkbox"/> Athletics	<input type="checkbox"/> Detention	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other:	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly
<input type="checkbox"/> Tutorials	<input type="checkbox"/> Sub Bus Driver/Aide – Elementary	Junior High	High School	

Rate Information: Complete Rate information below based on the HR Salary Information posted on pothisd.us and/or what was agreed upon between your supervisor and HR.

Date:	Duties Performed:	Begin Time:	End Time:	Total Hours:	Rate:	Total Paid:
TOTAL:						

Budget Code: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Once Employee & Supervisor sign and date, please submit to bschier@pothisd.us for review and processing.

Due Date to Payroll: By EOD on the 1st of the month following the month the work was completed.

To be completed by Payroll:

Date Received: _____

Date Processed: _____

Payroll Signature: _____

Payroll Date: _____