



Campus/Department:	Name of Extra Duty Assignment:
Program Start Date:	Program End Date:

[illegible]

*I certify that the account number(s) used above are correct and funds are available to cover this expenditure. I have attached the program schedule for payroll verification purposes.

Administrator's Signature: _____	Asst. Superintendent of Academics Signature: _____
FOR FINANCE OFFICE USE ONLY: Funding Approval Signature: _____ Accounting Director Signature: _____	FOR PAYROLL OFFICE USE ONLY: (STAMP) Received: _____ Entered: _____