

Clark County School District
Authorization for Extra Pay

Month/Year: September 2024

Name: _____ CCSD Personnel ID: _____ Location Number: _____

(Mark One) ☒ Licensed ☐ Substitute ☐ Support Staff ☐ Unified

Rate of Pay: ☐ Contract Hourly ☐ Contract Daily ☒ \$50.00/Hour ☐ PrepBuyOut

SERVICES RENDERED: Safe Routes to School GOLD Achievement

Grant #: 6921024 G/L Account: 6310000000 IO: G6921000224 FA: F10002100

DATE	HOURS		TOTAL	
	FROM	TO	HOURS	DAYS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

DATE	HOURS		TOTAL	
	FROM	TO	HOURS	DAYS
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL NUMBER OF HOURS: _____ DAYS: _____

NOTE: To process in a timely manner, the employer is to have the form in the office of the unit supervisor no later than the 25th of each month. The amount earned could take up to 60 days to process. Submit one time sheet for each month. **SUBMIT SHEETS MONTHLY.**

Employee Signature _____ Date _____ Administrator's Signature/Designee _____ Date _____