



Supplemental Pay Authorization Form

Employee Name: _____

Employee Number: _____

REQUIRED

Date	Duties Performed	Start Time	End Time	Total Hours	Rate	Total Paid

Select the relevant budget code from the list below for the work performed**TRANSPORTATION**

- | | | |
|--------------------------|-----------------------|----------------------------|
| ☐ | Sub Route Driver | 199-34-6122-00-999-X99-000 |
| ☐ | Driver: JH Athletics | 199-36-6121-00-041-X91-001 |
| ☐ | Driver: JH Field Trip | 199-11-6121-00-041-X11-000 |
| ☐ | Driver: EL Field Trip | 199-11-6121-00-101-X11-000 |

- | | | |
|--------------------------|------------------------------|----------------------------|
| ☐ | Extra Duty Shop Support | 199-34-6121-00-999-X99-000 |
| ☐ | Driver: HS Athletics | 199-36-6121-00-001-X91-001 |
| ☐ | Driver: HS Organization Trip | 199-36-6121-00-001-X99-001 |
| ☐ | Bus Aide | 199-34-6121-17-999-X23-000 |

ATHLETICS

- | | | |
|--------------------------|-------------------|----------------------------|
| ☐ | Gate, Book, Clock | 199-36-6121-00-001-X91-000 |
| ☐ | Summer Camps | 199-36-6121-01-001-X91-000 |

DETENTION

- | | | |
|--------------------------|-------------------|----------------------------|
| ☐ | Detention Monitor | 199-11-6121-00-999-X99-000 |
|--------------------------|-------------------|----------------------------|

TUTORING

- | | | | | |
|--------------------------|--------------|--------------------------|------------------|----------------------------|
| ☐ | EL Certified | ☐ | EL Non-Certified | 199-11-6121-05-101-X11-000 |
| ☐ | JH Certified | ☐ | JH Non-Certified | 199-11-6121-05-041-X11-000 |
| ☐ | HS Certified | ☐ | HS Non-Certified | 199-11-6121-05-001-X11-000 |

CUSTODIAN

- | | | |
|--------------------------|------------------------------|----------------------------|
| ☐ | Custodial Duties as Assigned | 199-51-6121-00-999-X99-000 |
|--------------------------|------------------------------|----------------------------|

SUMMER SCHOOL

- | | | | | |
|--------------------------|--------------|--------------------------|------------------|----------------------------|
| ☐ | EL Certified | ☐ | EL Non-Certified | 199-11-6121-00-699-X30-000 |
| ☐ | JH Certified | ☐ | JH Non-Certified | 199-11-6121-00-699-X30-001 |
| ☐ | HS Certified | ☐ | HS Non-Certified | 199-11-6121-00-699-X30-002 |

*please select the applicable code to specify if you are a certified teacher or non-certified staff member.

CAFETERIA

- | | | |
|--------------------------|------------|----------------------------|
| ☐ | Substitute | 240-35-6122-01-999-X99-000 |
|--------------------------|------------|----------------------------|

OTHER☐

SPECIFY

CODE COMPLETED BY SUPERVISOR

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Once employee & supervisor sign and date, please submit to Brittany Schier (bschier@pothisd.us) for review and processing.
Due date to payroll – EOD on the 1st of the month following the month when work was completed.

TO BE COMPLETED BY PAYROLL

Date Received: _____

Date Processed: _____

Payroll Signature: _____

Payroll Date: _____