VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED/CLASSIFIED PERSONNEL

School Year:_____ Board Approved:_____

Employee: _____

School:_____

Activity Assignment: _____

_____

$ _____

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I hereby certify that I have completed all of the requirements of this extra duty assignment.

Date: _____ Signed: _____
Employee

Date: _____ Approved:_____
Principal

Note: Please submit one completed form for each activity. Please submit timesheet to payroll. The payroll deadlines are as follows:

Classification	**Payroll Due Dates**	**Paid**
Contract Certificated	5th	1st of the month
Contract Classified	5th	last working day of the month
Classified Hourly Daily Walk on Coaches	22nd	9th (**All checks must be picked up in the payroll department-checks ARE NOT MAILED)**