# Brooks County Independent School District

## Extra Duty

### Pay Request

**Employee:** _____ _____
**Campus / Department**

**Staff ID:** _____

**Date of work done:** _____ **Day of the week** _____

**Nature of work done:** _____

***DESCRIBE IN DETAIL*** _____

_____

_____

**Hours Worked**

**Beginning time:** _____ **AM/PM** **Ending time:** _____ **AM/PM**

**Total Hours:** _____ **Lunch Break** **Yes** **NO**

**Amount:** _____

**I certify that the information above is correct**

_____ _____
***Signature of Employee*** Date

This extra duty work / overtime authorized by:

_____ _____
***Signature of Supervisor*** Date

This extra duty work / overtime authorized by:

_____ _____
***Signature of Director*** Date

This extra duty work / overtime authorized by:

_____ _____
***Signature of Superintendent*** Date

***Account #:*** _____ **TOTAL:** _____

| *For Office use Only:* |
|---|
| **Regular rate:** _____ |
| **Overtime rate:** _____ |

Sep-26