POTH INDEPENDENT SCHOOL DISTRICT

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 - HS	199-36-6121-00-001-X91-000
☐	Gate, Book, Clock - JH	199-36-6121-00-041-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: _____