

PROFESSIONAL EXTRA DUTY PAY 2022-2023

Exempt Status - Request for Pay (employees only- Teachers, Librarians, Nurses, Administrators)

Name _____

Campus/Dept _____

Position _____

Pre Approval _____

Supervisor Signature

**Description of Extra
Duty Work Performed:**

Extra duty will be paid in the month following the last date on this form. Include days for one month at a time [additional months require a new form]. Round times to nearest 15 minute increments.

For work performed with Students: Attach Student lists either provided by your Campus Admin or use the second page of this form [not both] must include the following: your name, students in attendance, date of activity, name of activity, start time, end time and your signature].

Date (mm/dd/yy)	Time Worked Example: 8:15am - 4:10pm	Hours Worked [decimal]		Date (mm/dd/yy)	Time Worked Example: 8:15am - 4:10pm	Hours Worked [decimal]	
1/1/2023							
Column Total Hours			0.00	Column Total Hours			0.00
Month Total Hours							

I certify this is an accurate record of the actual hours worked and I have attached any applicable documents as backup.

X

Employee's signature [must be actual signature] _____ Date _____

I have reviewed and approve that times are accurate and back up documentation is sufficient.

X

Principal / Administrator / Supervisor signature _____ Date _____

*****THIS SECTION TO BE COMPLETED BY PAYROLL DEPARTMENT*****

Pay Code	H T E		HOURS @ HOURLY RATE OF	\$25.00	=		Total amt due this period
Budget Code:				Verified Code:			

Central Administration Approval [if applicable]: _____ Date: _____

Benefits/Payroll Manager Approval: _____ Date: _____

Processed by Payroll Dept: _____ Payroll input date: _____

