

CERTIFIED STAFF EXTRA PAY REQUEST

PRINTED NAME: _____ DATE: _____

SCHOOL: (CIRCLE ONE) BGS HIS LMS HHS

EXTRA PAY FOR: (CHECK ONE)

USE SEPARATE FORM PER DUTY

- 6TH CLASS
- 7TH CLASS
- ADDITIONAL CLASS
- ATHLETIC WORKER
- CO-PLANNING
- COMMITTEE MEETING
- CTE PREP
- CURRICULUM WORK
- DETENTION
- GRADE LEVEL CHANGE
- INSERVICE TRAINING
- JUDGE
- MENTORING
- MOVE ROOM
- NIGHT CLASS/PREP
- NOON DUTY
- PRE-SEASON PRACTICE
- PREP DAY
- REMEDIATION
- SUMMER ATH. CAMP
- SUMMER SCHOOL/PREP
- SUMMER WEIGHTS
- TRACK STARTER
- TUTORING
- MULTIPLE COACHING

((MUSIC STAFF – PLEASE USE MUSIC DEPT. EXTRA PAY REQUEST))

DATE	START TIME	STOP TIME	TOTAL HOURS WORKED	NOTES (LIST COMMITTEE, SPORT ETC.)
	:	:		
	:	:		
	:	:		
	:	:		
	:	:		

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

KEEP COPY FOR YOUR RECORDS BEFORE FORWARDING TO SUPERVISOR