

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

- | | | |
|--|--|--|
| <input type="checkbox"/> 6 TH CLASS | <input type="checkbox"/> 7 TH CLASS | <input type="checkbox"/> ADDITIONAL CLASS |
| <input type="checkbox"/> ATHLETIC WORKER | <input type="checkbox"/> CO-PLANNING | <input type="checkbox"/> COMMITTEE MEETING |
| <input type="checkbox"/> CTE PREP | <input type="checkbox"/> CURRICULUM WORK | <input type="checkbox"/> DETENTION |
| <input type="checkbox"/> GRADE LEVEL CHANGE | <input type="checkbox"/> INSERVICE TRAINING | <input type="checkbox"/> JUDGE / READER |
| <input type="checkbox"/> MATCH POINTS | <input type="checkbox"/> MATH TEAM | <input type="checkbox"/> MENTORING |
| <input type="checkbox"/> MOVE ROOM | <input type="checkbox"/> NIGHT CLASS/PREP | <input type="checkbox"/> NOON DUTY |
| <input type="checkbox"/> PREP DAY | <input type="checkbox"/> REMEDIATION | <input type="checkbox"/> SCHOLASTIC BOWL |
| <input type="checkbox"/> SPEECH TEAM | <input type="checkbox"/> SPELLING TEAM | <input type="checkbox"/> SUMMER ATH. CAMP |
| <input type="checkbox"/> SUMMER SCHOOL/PREP | <input type="checkbox"/> TEAM QUEST | <input type="checkbox"/> TRACK STARTER |
| <input type="checkbox"/> TUTORING | <input type="checkbox"/> WYSE | |

((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