

NON-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

ADDITIONAL HOURS (BEYOND CONTRACTED SERVICE)

OVERTIME

- | | | |
|---|--|---|
| <input type="checkbox"/> ATHLETIC WORKER | <input type="checkbox"/> COMMITTEE MEETING | <input type="checkbox"/> DETENTION |
| <input type="checkbox"/> INSERVICE TRAINING | <input type="checkbox"/> JUDGE | <input type="checkbox"/> MOVE ROOM |
| <input type="checkbox"/> NOON DUTY | <input type="checkbox"/> PRE-SEASON PRACTICE | <input type="checkbox"/> REMEDIATION |
| <input type="checkbox"/> SUMER ATH. CAMP | <input type="checkbox"/> SUMMER ATHLETIC | <input type="checkbox"/> SUMMER WEIGHTS |
| <input type="checkbox"/> TRACK STARTER | <input type="checkbox"/> TUTORING | |

((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