

# Support Staff Extra Duty Payment Form

Name: \_\_\_\_\_

**\*\*Note:** This payment form must be attached with bi-weekly timecard correlating with pay period.

Day	Date	Time In	Time Out	Activity/Location	Add'l Hours	OT Hours
Sat						
Sun						
Mon						
Tues						
Weds						
Thurs						
Fri						

Per contract  
Reg/Add'l: \$17.00/Hour OT: \$25.50/Hour

TOTAL HOURS  
ADD'L: \_\_\_\_\_ OT: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Approved By: \_\_\_\_\_