

Support Staff Extra Duty Payment Form

Complete using pen, pencil not accepted.

Name: _____

****Note:** This payment form
must be submitted bi-weekly
with the correlating pay period.

Day	Date	Time In	Time Out	Activity/Location <small>*write if IEP/SPED supervision</small>	Add'l Hours	OT Hours
Sat						
Sun						
Mon						
Tues						
Weds						
Thurs						
Fri						

For Admin use only

SELECT ONE:

- ☐ Per contract – Clubs & Activities \$18/hour \$27/hour OT
- ☐ Regular Assignment/Rate of pay, OT per contract.

Support Staff Extra Duty as defined in section 6 of the bargaining agreement.

TOTAL HOURS

ADD'L: _____ **OT:** _____

Employee Signature: _____

Approved By: _____

**All IEP extra duty must be verified and
approved by Student Services/Special Ed.*