Support Staff Extra Duty Payment Form

Name:				must be s	**Note: This payment form must be submitted bi-weekly with the correlating pay period.		
Day	Date	Time In	Time Out	Activity/Location	Add'l Hours	OT Hours	
Sat							
Sun							
Mon							
Tues							
Weds							
Thurs							
Fri							
	nd Activitie		T: \$27.00/Hour		ΓAL HOURS D'L: O	T:	
Emplo	oyee Signa	ature:		Approve	d By:		