

# MEXIA INDEPENDENT SCHOOL DISTRICT

## EXTRA DUTY PAY REQUEST

EMPLOYEE NAME \_\_\_\_\_

CAMPUS / DEPT \_\_\_\_\_

Date Worked	Hours Worked	Duty Performed	Pay Rate	Mileage	Grant Funded

Signature of Requesting Employee : \_\_\_\_\_

\_\_\_\_\_

Date Submitted

Approved    Yes \_\_\_    No \_\_\_

\_\_\_\_\_

Principal / Supervisor

\_\_\_\_\_

Accounting Code