



## Bonham Independent School District Payroll Department

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### EXTRA DUTY – AUTHORIZATION TO PAY

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*Please print clearly.*

**Please Note:**

The original form must be completed in ink (or typed). Payments will be processed from the original form only. To ensure accurate and prompt payments, please answer all questions and fill in all blanks. Incomplete forms will be returned to the campus administrator.

***A timesheet must be attached to this form before payment will be processed.***

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

Employee #: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Current Status with BISD: ☐ Teacher  
☐ Administrator  
☐ Substitute  
☐ Paraprofessional

Extra Duty Assignment: \_\_\_\_\_

Description of Services Performed:

\_\_\_\_\_  
\_\_\_\_\_

Work Dates: \_\_\_\_\_ Total Hours/Days: \_\_\_\_\_ Hourly/Daily Rate: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ \*Budget Code: \_\_\_\_\_

\*\*\*NOTE: You must attach tutoring attendance rosters to this sheet if requesting extra-duty pay for tutoring.\*\*\*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Campus/Dept.: \_\_\_\_\_

Phone ext: \_\_\_\_\_

Federal Programs/Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if using a Federal Grant code for extra duty pay.)

**\*DO NOT SUBMIT FORM WITHOUT A VALID BUDGET CODE. ADMINISTRATOR/SUPERVISOR MUST VERIFY CODE BEFORE SIGNING.**



# Bonham Independent School District

## Payroll Department

### Extra Duty Timesheet

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

Employee Number: \_\_\_\_\_

Campus: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Description of Services Performed: \_\_\_\_\_

\*\*\*Note: You must attach tutoring attendance rosters to this sheet if requesting extra duty pay for tutoring.\*\*\*

Week 1	Date	In	Out	Hours Worked
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 2	Date	In	Out	Hours Worked
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 3	Date	In	Out	Hours Worked
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 4	Date	In	Out	Hours Worked
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Total Hours

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_