

Extra Duty Form

Employee Name (print) _____

Campus _____

Position (Teacher, Para-professional, etc.) _____

Types of Extra Duty:

Saturday School

Homebound (Hours)

After School Tutorials

Extra Days

Other: _____

	Days	Hours
Saturday School	_____	_____
Homebound (Hours)	_____	_____
After School Tutorials	_____	_____
Extra Days	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor Use Only

Account Number	Day/Hr	Amt.	Total
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$

Employee Signature

Date

Signature of Immediate Supervisor

Date