



**MULLIN INDEPENDENT SCHOOL DISTRICT**  
**Address**  
**City, State ZIP**

**EXTRA-DUTY PAYMENT FORM**

EMPLOYEE  
NAME: \_\_\_\_\_ EMP# \_\_\_\_\_

REASON FOR SUPPLEMENTAL PAY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

DATE(S) WORKED: \_\_\_\_\_

AMOUNT TO BE PAID: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED BY:

SUPERVISOR'S APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY BUSINESS MANAGER OR SUPERINTENDENT:

\_\_\_\_\_ DATE: \_\_\_\_\_

For Payroll Use Only:

Posted: \_\_\_\_\_

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