

SPRING INDEPENDENT SCHOOL DISTRICT 2021-2022 OVERTIME/EXTRA DUTY PAY AUTHORIZATION FORM

NAME OF STAFF MEMBER _____

SISD ID NUMBER (not social security number) _____

PAYROLL REPORTING PERIOD _____

LOCATION _____

Teacher
 Paraprofessional
 Other Professional
 Tutor
 Classified

Enter times worked and total hours daily below:

| | | Month of: _____ | | | | | | | | |
|--------------------------|------|-----------------|------|-------|------|-------|------|-------|------|-------|
| SAMPLE: <u>7:45-3:45</u> | Time | Hours | Time | Hours | Time | Hours | Time | Hours | Time | Hours |
| | 1 | _____ | 9 | _____ | 17 | _____ | 25 | _____ | | |
| | 2 | _____ | 10 | _____ | 18 | _____ | 26 | _____ | | |
| | 3 | _____ | 11 | _____ | 19 | _____ | 27 | _____ | | |
| | 4 | _____ | 12 | _____ | 20 | _____ | 28 | _____ | | |
| | 5 | _____ | 13 | _____ | 21 | _____ | 29 | _____ | | |
| | 6 | _____ | 14 | _____ | 22 | _____ | 30 | _____ | | |
| | 7 | _____ | 15 | _____ | 23 | _____ | 31 | _____ | | |
| | 8 | _____ | 16 | _____ | 24 | _____ | | | | |

***Note:** Deduct 30 minutes for lunch if worked more than 5 hours.

****Rate of Pay** can be found in Spring ISD Compensation Manual.

*****No extra duty pay** using Federal and State funds when the district is closed, during student/staff holidays and breaks, or from home, unless with prior approval.

Professional/Exempt Staff:

• Total Hours Worked: _____

Hours

\$ _____
Rate

\$ _____
Total

• Total Days Worked: _____

Days

\$ _____
Rate

\$ _____
Total

Non-exempt Staff:

• Total days at regular rate _____

Hours

\$ _____
Rate

\$ _____
Total

• Total hours over 40 hours _____

Hours

\$ _____
Rate

\$ _____
Total

Total Hours, Rate, and Totals Verified

\$ _____

Description of service rendered: _____

| | |
|--|--|
| <p>Budget Unit _____</p> <p style="font-size: small; text-align: center;"> XXX X XX XXX XX XX FUND YR FUNCTION ORG PROGRAM PROJECT FISCAL </p> | <p>Account Code _____</p> <p style="font-size: small; text-align: center;"> XXXX . XX OBJECT CODE </p> |
|--|--|

In signing this Overtime/Extra Duty Pay Authorization Form, I acknowledge 100% of the time recorded was spent on activities supported and funded by the grant, and times do not conflict with regular contract hours.

Signature of the Staff Member

Date

Signature of the Principal

Date