

SPRING INDEPENDENT SCHOOL DISTRICT 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: _____					
Time	Hours	Time	Hours	Time	Hours	Time	Hours
<i>SAMPLE: 7:45-3:45</i>	<u>8</u>						
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	_____		_____

Rate of Pay can be found in SISD Compensation Manual

Professional/Exempt Staff:

- Total hours worked: _____

Hours
\$ _____ Rate
\$ _____ Total
- Total days worked _____

Days
\$ _____ Rate
\$ _____ Total

Non-exempt Staff:

- Total hours at regular rate _____

Hours
\$ _____ Rate
\$ _____ Total
- Total hours at over 40 hour rate _____

Hours
\$ _____ Rate
\$ _____ Total

TOTAL \$ _____

DESCRIPTION OF SERVICE RENDERED: _____

Budget Unit _____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> XXX X XX XXX XX XX </small> <small style="display: flex; justify-content: space-between; font-size: 8px;"> FUND FISCAL YR FUNCTION ORG PROGRAM PROJECT </small>	Account Code _____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> XXXX . XX </small> <small style="display: flex; justify-content: space-between; font-size: 8px;"> OBJECT SO </small>
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SIGNATURE OF STAFF MEMBER _____ DATE _____

SIGNATURE OF SUPERVISOR _____ DATE _____