



DONNA INDEPENDENT SCHOOL DISTRICT EXTRA PAY REPORT

Document # _____

SUBMIT TO: HUMAN RESOURCES OFFICE

Date Received: _____

EMPLOYEE ID #: _____

NAME: _____

EMPLOYEE'S POSITION: _____

LOCATION: _____

This Pay is for: _____

PLEASE INDICATE THE NUMBER OF HOURS WORKED UNDER APPROPRIATE DATE

MONTH: _____

WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS
1								
2								
3								
4								
5								
TOTAL:								

MONTH: _____

WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	T HURSDAY	FRIDAY	SATURDAY	TOTAL HOURS
1								
2								
3								
4								
5								
TOTAL:								

TOTAL HOURS WORKED: _____

AMOUNT:

ACCOUNT NUMBER TO CHARGE:

\$ _____
\$ _____
\$ _____

Employee will be paid at:

Hourly Rate: \$ _____ X _____ (#of hours) = \$ _____ (Total Due)

Time and a half Rate: \$ _____ X _____ (#of hours) = \$ _____ (Total Due)

Flat Rate: \$ _____ X _____ (#of hours) = \$ _____ (Total Due)

Employee's Signature: _____ Date: _____

Supervisor's Verification of Time Worked

Signature: _____

Date: _____

Final Approval: _____

Date: _____