

Donna Independent School District

Request for Extra Pay

Date of Request	Campus/Department	Project Title	Project Dates

Extra Duty Assignment	Activity to be Performed	Day of Week (M,T,W,TH,F,SAT)	Time	Funding Source

Employee (Last Name, First Name)	Employee ID Number	Assignment	No. of Days	No. of Hours	Hourly/ Daily Rate	Estimated Expense
Total Projected Program Cost:						

Signature of Principal/ Department Director	Date	Program Director	Date

Funding Administrator	Date

*****FINAL APPROVAL*****

Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>		
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Superintendent/ Deputy Superintendent/Executive Director

Date

NOTE: Employment cannot commence work until this request has received Final Approval!