

DE LEON INDEPENDENT SCHOOL DISTRICT
425 S. Texas
De Leon, TX 76444

EXTRA-DUTY PAYMENT FORM

EMPLOYEE
NAME: _____ EMP# _____

REASON FOR SUPPLEMENTAL PAY: _____

BUDGET CODE: _____

DATE(S) / TIME(S)
WORKED: _____

AMOUNT TO BE PAID: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

AUTHORIZED BY:

SUPERVISOR'S APPROVAL: _____ DATE: _____

APPROVED BY SUPERINTENDENT:

_____ DATE: _____

For Payroll Clerk Use Only:

Posted: _____

Date Paid: _____