



SUPPLEMENTAL FORM - Salary

NAME: _____ EMPLOYEE NUMBER : _____
 (Employee number must be filled)

CAMPUS/DEPARTMENT : _____ TODAY'S DATE: _____

Rates

After School Tutoring/Extra Curricular = \$30/HR
 Summer School/Intersession/Extended Year = \$30/HR
 District Staff Develop/Planning = Half Day \$50/Full Day \$100

Name of event :		Fund Number :		
Date	Location	Rate of Pay	Hours Worked	Total Pay
				\$
				\$
Total				

Name of event :		Fund Number :		
Date	Location	Rate of Pay	Hours Worked	Total Pay
				\$
				\$
				\$
				\$
Total				\$

GRAND TOTAL \$ _____ -

Requested by: _____
 Employee Signature

Approved by : _____
 Signature of Administration

**** Please note that by signing this form you understand that incomplete/ incorrect information may delay in pay****