CERTIFIED STAFF ADDITIONAL COMPENSATION PAYROLL

Additional Compensation for Extra Duty to Cover Absent Staff Member

ELEMENTARY SCHOOL 2018-2019

NAME OF SCHOOL _____ SCHOOL CODE # _____ PAYROLL DATE _____

PERSON ENTITLED TO ADD'L COMPENSATION	***EMPLOYEE NUMBER***	***NO. OF HOURS***	***AMOUNT DUE***	***WORK DATE***	***NAME OF ABSENT STAFF MEMBER***	***EMPLOYEE NUMBER***

$40.00 PER HOUR 2018-2019

PRINCIPAL'S SIGNATURE _____