

**CERTIFIED STAFF ADDITIONAL COMPENSATION PAYROLL**

Additional Compensation for Extra Duty to Cover Absent Staff Member

**ELEMENTARY SCHOOL 2019-2020**

NAME OF SCHOOL \_\_\_\_\_ SCHOOL CODE # \_\_\_\_\_ PAYROLL DATE \_\_\_\_\_

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

\$40.00 PER HOUR 2019-2020

PRINCIPAL'S SIGNATURE \_\_\_\_\_