

**CERTIFIED STAFF ADDITIONAL COMPENSATION PAYROLL**

Additional Compensation for Extra Duty to Cover Absent Staff Member

**SECONDARY SCHOOL 2018-2019**

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

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

2018-2019 - \$35.00 PER CLASS

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