

PAYACTION # \_\_\_\_\_ CERTIFIED ADDITIONAL ASSIGNMENT (Pre-approval of expenditure and budget code required)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ WORK PERFORMED \_\_\_\_\_

IF SUBSTITUTE, TEACHER REPLACED \_\_\_\_\_ JOB # \_\_\_\_\_

IF APPLICABLE: TOTAL HRS PROJECTED \_\_\_\_\_ TOTAL COST \_\_\_\_\_

Month \_\_\_\_\_ Pay Period \_\_\_\_\_ to \_\_\_\_\_

Chart below to be used for hourly rates only; enter total hours for am and pm

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
PM																															

• HOURLY RATE \_\_\_\_\_ TOTAL HOURS WORKED \_\_\_\_\_ TOTAL EARNED \_\_\_\_\_

or

• DAILY RATE \_\_\_\_\_ TOTAL DAYS WORKED \_\_\_\_\_ TOTAL EARNED \_\_\_\_\_

or

• STIPEND RATE \_\_\_\_\_ BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

Budget Code \_\_\_\_\_ Percent/Hrs/Dollar \_\_\_\_\_

I certify that these services herein represented have been rendered and were performed outside of my normal contract day.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Authorizing Administrator \_\_\_\_\_ Date \_\_\_\_\_

*Important: Timesheets are due the Monday after a regular payday and time worked in the previous two weeks will be paid on the next regularly scheduled payday. An incomplete timesheet or a timesheet received in Payroll after the deadline may result in delay of payment.*

In lieu of compensation,  
I choose to receive the  
following credit:

Career Ladder [ ]  
In-district Credit [ ]  
Employee Initial \_\_\_\_\_