

Mechanicville City School District

Request for Extra Pay

Please Print:

Last Name _____ First Name _____ MI _____

Completed by Employee:

Date	Description of Duty	Start Time	End Time	Circle # days/# hours	At a rate of	Requesting Amount
_____	_____	_____	_____	X _____ =	_____	_____
_____	_____	_____	_____	X _____ =	_____	_____
_____	_____	_____	_____	X _____ =	_____	_____
_____	_____	_____	_____	X _____ =	_____	_____

OFFICE USE ONLY:

Employee ID _____

Code	Input	Date
_____	<input type="text"/>	_____

Total Requested: \$

Total Input:

I attest that the work above has been performed in accordance to my contract and/or BOE resolution and that such work is just due and no payment has been made previously to this claim.
 Certification (Employee) _____ Date: _____
 Signature _____

I attest that I approved the assignment of the work above to the employee above and the work was completed as described above.
 Certification (Supervisor) _____ Date: _____
 Signature _____

Superintendent/Business Manager Signature: _____ Date: _____ Reason for Denial: _____

Approved Denied

Date: _____