

# Extra Duty Compensation Request Form

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Dates of Duties

Describe specific duties that will be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Approved by Supervisor

Denied by Supervisor

The District Extra Duty Compensation committee has reviewed your request and has

approved or  denied your request.

\_\_\_\_\_  
Committee Representative

\_\_\_\_\_  
Date

c: file  
payroll