

Request for Payment- Extra Duties

Person Requesting Payment: _____

Signature: _____

Description of Duty: _____

Dates & time of duty performed:

(please list all dates separately -
If necessary, include # of hours or days -
ie. ½ hr, 1 hr, ½ day, 1 day)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Date Submitted: _____

Verification by Building Principal: _____