Tukwila School District

Certificated Employee Extra Hours

Report of Extra Pay Beyond Regular Assignment

(complete in ink)

Employee Name_____ **Building**_____

Please Print Legibly

Month_____ **Year**_____

Extra hours are to be initialed daily as worked and submitted to your direct supervisor the last day of each month for payment the following month.

Grade Level	DATE Mo/Day/Yr	Sub/Extra Hours Worked	Class Coverage Rate	Rate of Pay	Account Code (PPSS-AA-0BBB-LLL-XXXX-XXXX) Required	DESCRIPTION If substitute hours, please indicate position and name of employee replaced and the period(s) covered.	Program Manager's Initial

Make a copy for your own records after both employee and supervisor have signed and dated

Employee Signature:_____ **Date:**_____

Supervisor Signature:_____ **Date:**_____