Tukwila School District

Classified Employee Extra Hours

Report of Extra Pay Beyond Regular Assignment

(complete in ink)

Employee Name_____
Please Print Legibly

Building _____

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.

DATE Mo/Day/Yr	Sub/Extra Hours Worked	Rate of Pay or Differential	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:**_____