

TEA AREA SCHOOL DISTRICT 41-5

EXTRA DUTY PAY REQUEST

Teacher Name: _____

Date Submitted: _____

Payment for all hourly duties including night duties on the Extra Duty Pay Schedule and class covers shall be made in the last payroll of the month upon submission of a voucher authorized by Activities Director or administrator received in the business office by the 10th day of the month following the month that the extra duty was completed (example: voucher completed on September 18th is due in the business office no later than October 10th). Extra duty completed for athletic contests (tickets, bookkeeper, clock, announcer, crowd control, referee, etc.) will be submitted by the 10th day of the month following the completion of the season by the Activities Director. Payment for those duties will be issued in the next end of the month payroll.

Accumulated extra duty pay will be issued by payroll electronic funds transfer (EFT), but invoiced separately from regular payroll, on the last pay period of the month indicated in the previous paragraph. Extra duty pay requests must be authorized by the supervising administrator and be received in the business office no later than the 10th of the month. Late submissions may be withheld by the district until the next scheduled extra duty pay period.

Note: This voucher is only for claims for personal service other than regular payroll. All claims must be submitted on the Extra Duty Pay Voucher. All dates and claims must be listed individually and be itemized to indicate task or duty completed, date of service, time devoted, and rate of pay. Voucher must be signed and dated by the claimant and the form must be complete. All vouchers for materials, supplies, travel, mileage, meals, lodging, or other expenses should be submitted on a standard voucher for payment at the time they are incurred.

Date		Time Devoted		Total
	Detention		\$12.00/hour	
	Covering classes for absent teacher Teacher covered for: _____		\$15.00/hour	
	Open House/Orientation		\$25.00/night	
	Concert Supervision		\$25.00/night	
	New Teacher Mentor		\$250.00/year	
	IEP Meeting		\$20.00/hour	
	TAT Meeting		\$20.00/hour	
	Curriculum Description:		\$20.00/hour	
	Other Description:			
	TOTAL			

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT.

Signature of Claimant: _____

Date: _____

DECLARATION OF BUSINESS MANAGER, OR OTHER AUTHORIZED AGENT OF THE DISTRICT

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the bet of my knowledge and belief, is in all things true and correct. I further certify that the above services were rendered and that the above claim is hereby approved by me for payment.

Signed: _____

Date: _____

Total Approved: _____