BRAZOS SCHOOL FOR INQUIRY & CREATIVITY
EXTRA DUTY PAY – EMPLOYEE TIME SHEET

Name: _____ **Campus:** _____

Last **First**

Date	Extra Duty Description	BEGIN TIME	END TIME	Signature of Administrator	RATE OF PAY

MAKE SURE YOU FILL ALL COLUMNS OUT – INCLUDING WHAT RATE OF PAY THAT HAS BEEN DISCUSSED AND DECIDED BEFORE THE EXTRA DUTY BEGINS

FOR PAYMENT – FILL OUT MONDAY THROUGH SUNDAY AND TURN INTO HUMAN RESOURCES BY 9:00 a.m. THE FOLLOWING MONDAY.

Employee Signature: _____

Superintendent Signature: _____

OFFICE USE ONLY

DAILY/HOURLY RATE _____

TOTAL DAYS/HOURS PAYABLE _____

TOTAL DUE _____