EXTRA PAY VOUCHER 2024-2025

NAME _____ **EMPLOYEE NUMBER** _____

IDENTIFY REASON FOR EXTRA PAY _____

SCHOOL _____ **SUPERVISOR** _____

EXPENDITURE CODE: __-___-___-___-___-___-___

CHECK ONE BOX

- ☐ **Classified/Non Licensed Staff Hourly Rate** _____
- ☐ **Teacher's Staff Hourly Rate** _____
- ☐ **Staff Development $27/Hr.**
- ☐ **Voluntary Subbing during Prep Time $.74/minute**
- ☐ **Directed to Combine Class Period with Another Class $.54/minute**
- ☐ **Curriculum Writing $32/Hr.**
- ☐ **Summer School & Summer Curriculum Writing $32/Hr.**
- ☐ **After School Program $32/hr/Homebound $32/Hr.**
- ☐ **Split daily sub rate or lesson writing for casual sub ($25/day)**
- ☐ **Miscellaneous (Ex: Stipend/Chaperone Pay ($16/hr), etc.)** (List Reason/Event _____)

PLEASE NOTE:
All staff are paid at their regular hourly wage, if that amount is less than the amount identified on this form.

DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS (excluding lunch)	DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS (excluding lunch)

TOTAL AMOUNT REQUESTED FOR PAYMENT: _____

TOTAL Hours

Date _____ **Staff Signature** _____

Date _____ **Approved by** _____

REVISED June 2024