

STO-ROX SCHOOL DISTRICT

REQUEST FOR EXTRA COMPENSATION

Employee Name _____ Building _____

Compensation for _____

Date (s) Earned _____

Budget Code _____ Date of Request _____

Contract Amount _____ Hours Worked _____

Amount of Request _____

I certify that the duties associated with this extra compensation have been completed satisfactorily as per the contract.

Employee Signature _____ Date _____

APPROVAL:

Supervisor Signature _____ Date _____

Building Principal Signature _____ Date _____

Administrative Signature _____ Date _____

(Employee stipends, etc. are to be approved by the Superintendent.)