

EXTRA DUTY CLAIM FORM

(Please file this claim with the Activities Director)

DATE DUTY WAS PERFORMED _____

NAME _____

Beginning at _____ a.m./p.m. Ending at _____ a.m./p.m.

Description of duty performed: _____

Employee Signature

Supervisor Approval

OFFICE USE ONLY _____ X \$11.00 = TOTAL \$ _____

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