

**MISCELLANEOUS PAY REQUEST FORM**

**Part 1: Pre-Approval**

Person Requesting Additional Pay:\_\_\_\_\_.

I am requesting FPS employee, \_\_\_\_\_, be paid for participating in additional services rendered to the District in accordance with (Description of additional services):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For PD purposes: Certified Staff rate of pay: \$75 per day (based on a 6 hours of work)  
Classified Personnel are paid at their current hourly rate

Amount of pay requested \$\_\_\_\_\_

Budget number to be paid from:\_\_\_\_\_

I understand that additional services are not to be performed until Pre-Approval is received. Pre-Approval must be obtained at least two weeks prior to the additional services being performed.

Requestor's signature:\_\_\_\_\_ Date\_\_\_\_\_

approved  disapproved.-Chief Financial Off.:\_\_\_\_\_ Date\_\_\_\_\_

approved  disapproved.-Assoc. Super.:\_\_\_\_\_ Date\_\_\_\_\_

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**Part 2: Confirmation and Payment of Services Rendered**

The above described services were performed on the following date(s):\_\_\_\_\_

\_\_\_\_\_

I request payment in the amount described above.

Requestor's signature:\_\_\_\_\_ Date\_\_\_\_\_

CFO Signature:\_\_\_\_\_ Date\_\_\_\_\_

Associate Superintendent Signature:\_\_\_\_\_ Date\_\_\_\_\_