

**Dwight Public Schools #230/#232**  
 Certified/Non Cert. Staff Extra Pay Request

Name \_\_\_\_\_

Extra Pay for: \_\_\_\_\_

Total: \_\_\_\_\_

Date	Amount/TIME	Description/Notes	Budget Code

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

Athletic Director Signature \_\_\_\_\_