

ITALY INDEPENDENT SCHOOL DISTRICT

EXTRA DUTY PAY REQUEST

NAME _____

CAMPUS/DEPT _____

Date Worked	Hours Worked	Duty Performed

Signature: _____

Date Submitted: _____

APPROVED BY: _____
(Principal/ Athletic Director)

APPROVED BY: _____
(Superintendent)

FOR OFFICE USE ONLY

FUND: _____

DATE PAID: _____

CHECK #: _____