

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 #: _____

