EXTRA PAY/SUB PAY			*PAYROLL USE ONLY*				
			EARNING CODE:				
NAME:			*ACCT NUMBER:*				
ID#:			_____	*X* ___	=	_____	
JOB:			*(#hours)*	*(rate)*			*(amount to pay)*
LOC:							
			MONTH: _____		**YEAR:** _____		
DAY OF MONTH	**SUB SIGNATURE(IF APPLIES)**	**FIRST IN**	**FIRST OUT**	**LAST IN**	**LAST OUT**	**TOTAL DAILY HOURS**	**ADD'L HOURS OR COMMENTS**
1							
2							
3							
4							
5							
6							
7							
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25							
26							
27							
28							
29							
30							
31							

EMP SIGNATURE: _____   **PRIN/SUPV SIG:** _____

FORWARD THIS FORM TO SCHOOL CLERK AT END OF EVERY MONTH