

# EXTRA PAY VOUCHER

2024-2025

NAME \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

IDENTIFY REASON FOR EXTRA PAY \_\_\_\_\_

SCHOOL \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

EXPENDITURE CODE: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

CHECK  
ONE  
BOX

- ☐ Classified/Non Licensed Staff Hourly Rate \_\_\_\_\_
- ☐ Teacher's Staff Hourly Rate \_\_\_\_\_
- ☐ Staff Development \$27/Hr.
- ☐ Voluntary Subbing during Prep Time \$.74/minute
- ☐ Directed to Combine Class Period with Another Class \$.54/minute
- ☐ Curriculum Writing \$32/Hr.
- ☐ Summer School & Summer Curriculum Writing \$32/Hr.
- ☐ After School Program \$32/hr/Homebound \$32/Hr.
- ☐ Split daily sub rate or lesson writing for casual sub (\$25/day)
- ☐ Miscellaneous (Ex: Stipend/Chaperone Pay (\$16/hr), etc.) (List Reason/Event \_\_\_\_\_)

## PLEASE NOTE:

All staff are paid at their regular hourly wage, if that amount is less than the amount identified on this form.

DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS (excluding lunch)	DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS (excluding lunch)

TOTAL AMOUNT REQUESTED FOR PAYMENT: \_\_\_\_\_

TOTAL Hours

REVISED June 2024

Date \_\_\_\_\_  
Date \_\_\_\_\_

Staff Signature \_\_\_\_\_  
Approved by \_\_\_\_\_