

**Colton School District**  
**EMPLOYEE EXTRA PAY FORM**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

*Time is to be recorded to the nearest quarter hour. All Hours must be authorized in advance by your supervisor.*

Date	# Hrs Worked	Reason for Extra Pay	Budget Code	Pay ID
<b>Total Hours:</b>				

I certify that this is a true statement of all hours worked outside of my contract for the time period.

I have reviewed the above record and believe it to be accurate.

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

\_\_\_\_\_  
Supervisor/Designee Signature