



# PAYMENT FOR EXTRA ASSIGNMENTS

Form must be received in the Payroll office by the date listed on the pay schedule.  
**KEEP A COPY FOR YOUR RECORDS**

**Building:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_  
*(Note: Form will be returned if ss # is not included)*

**Employee Name:** \_\_\_\_\_

**Account Charged:**  
*(Note: Form will be returned if account not completed)*

<u>*Fund (3)</u>	<u>Special Cost Ctr. (4)</u>	<u>Function (4)</u>	<u>Object (4)</u>	<u>Subject (6)</u>	<u>OPU (3)</u>	<u>IL(2)</u>	<u>Job (3)</u>	<u>BMR (4)</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____

*\*If fund is 4xx or 5xx send to Grant Coord. for approval*

**AMOUNT OF TIME:**

**RATE OF PAY:**

**TOTAL AMOUNT:**

<u>DATES</u>	<u>HOURS</u>	@	<u>Hourly pay rate</u> =	<u>Total Hour</u>
_____	_____	@	\$ _____ =	\$ _____

<u>Dates</u>	<u># of Days</u>	@	<u>Daily pay rate</u> =	<u>Total Daily</u>
_____	_____	@	\$ _____ =	\$ _____

**Total Extra Pay Due \$** \_\_\_\_\_

**Description of Assignment include date and time:**

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*(Use reverse side if needed)*

**APPROVED:**

\_\_\_\_\_  
*Building/Dept. Administrator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Building/Dept. Administrator*

\_\_\_\_\_  
*Date*

**Total Days** \_\_\_\_\_

\_\_\_\_\_  
*Building/Dept. Administrator*

\_\_\_\_\_  
*Date*

**Total Weeks** \_\_\_\_\_

Hourly Rates: Addt'l duties \$18.50 In Service - \$21(attend) \$31(preparation) \$34(presentation)