

**WEATHERFORD INDEPENDENT SCHOOL DISTRICT
Supplemental Pay Authorization**

Supplemental **pay forms are due** to the Business Office (DSB) by the
1st Friday of the pay month in order to be included on that month's pay.

EMPLOYEE NAME: _____

SS#: XXX-XX-_____
(LAST 4)

CAMPUS: _____

(Check the box that applies)

<input type="checkbox"/> ADULT EDUCATION	<input type="checkbox"/> KIDS UNITE	<input type="checkbox"/> SPECIAL SERVICES
<input type="checkbox"/> ATHLETICS (SUPPLEMENTAL)	<input type="checkbox"/> OVERTIME	<input type="checkbox"/> TUTORIALS
<input type="checkbox"/> COMMUNITY SERVICE	<input type="checkbox"/> UIL	<input type="checkbox"/> CHILD NUTRITION
<input type="checkbox"/> CURRICULUM & INSTRUCTION	<input type="checkbox"/> SITE ADMINISTRATOR	<input type="checkbox"/> CHILD NUTRI SUB
<input type="checkbox"/> CUSTODIAL	<input type="checkbox"/> SITE SUPERVISOR (PARA)	SUBBED FOR: _____

(If timesheet required please attach)

Date	Description of Days/Hours	Days/Hours	Daily/Hrly Rate	Total Pay
TOTAL DAYS/HOURS			TOTAL PAY	

Special Instructions: _____

(Check the box that applies)

- PROF X-DUTY 6117 HRLY (PART-TIME) 6128 PARA X-DUTY 6121 PARA OT 6121 ----XOT

ACCOUNT CODING

_____ \$ _____ %

_____ \$ _____ %

Employee Signature

Supervisor Signature

Date