



**REQUISITION FOR PAYMENT OF
SUPPLEMENTAL SALARY**

Instructions: Fill out form, obtain administrator(s) signatures, and submit before payroll deadline. Mail or hand deliver required documents to SUPERINTENDENT. Please remember to keep a copy for your records.

The following items MUST be attached:

1. Proof of Attendance/Sign-in Sheet(s)
2. Timesheet (s)
3. Board Approval
4. Overtime/Substitute Approval Form(s)

Date: _____ Department: _____	
Requisitioned by: _____	
Administrator's Approval: _____	
Grant Administrator's Approval (if applicable): _____	
Reason for Payment: _____ _____	
Number of Hours Requested: _____	

OFFICE USE ONLY	
Processed By: Name: _____ Signature: _____	Superintendent or Designee Approval: Signature: _____ Date: _____