



DONNA

INDEPENDENT SCHOOL DISTRICT

Revised: 9/21/2018

Date of Request: _____

Received: _____

Campus/Department: _____

Donna Independent School District
REQUEST FOR EXTRA PAY

Project: _____

Project Dates: _____

Extra Duty Assignment	Activity to be Performed (Provide Detailed Activity)	Week Day	Time	Account Number

Name	Employee ID Number	Assignment	Work Estimate		Payment Mode		Estimated Payment
			# of Days	# of Hours	Regular Rate	O.T. Rate	
Total Estimated Program Costs							

 Program Supervisor

 Program Director

 Administrator

Approved Denied

 Assistant Superintendent