



# **BAINBRIDGE ISLAND**

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY  
HUMAN RESOURCES

## **CERTIFICATED PAYMENT FOR EXTRA DUTIES FORM**

**EMPLOYEE NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **REASON FOR WORK:** \_\_\_\_\_

<b>DATES WORKED (Month/Day/Year)</b>	<b>HOURS (.5 Increments)</b>

I certify that I have completed the work described above:

\_\_\_\_\_  
*Employee Signature* \_\_\_\_\_  
*Date*

### **Work Completion/Pay Approval**

**Hourly Rate---**Please select the hourly rate that applies (check one)---See Appendix D-2:

Extra Duties Hourly Rate:

Class Coverage Hourly Rate:

**Budget Account #:** \_\_\_\_\_

\_\_\_\_\_  
*Supervisor Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Budget Owner Signature (if applicable)* \_\_\_\_\_  
*Date*