

**EXTRA DUTY ASSIGNMENT
PAYMENT REQUEST**

PART 1 (To be completed by the Employee)

Name: _____ EID: _____

Name of Assignment: _____

Employee Type: _____ Assignment Type: _____

Beginning Date: _____ Ending Date: _____

Amount to be Paid: \$ _____

(Employee Signature)

PART 2 (To be completed by the Department Head)

Approved by: _____
(Program Manager / Principal Signature)

Charge to: _____
(Account Number)

Justification: _____

PART 3 (To be completed by the Fiscal Services Department)

Verified by Accounting: _____
(Initial of Accounting Clerk) (Date)

Processed by Payroll: _____
(Initial of Payroll Clerk) Schedule # (Date)