CASTAIC UNION SCHOOL DISTRICT

EXTRA COMPENSATION ASSIGNMENT

Employee's Name _____ **School/Department** _____

Date Worked	**Specific Work or Type of Work Done** (If subbing, include name of person for whom you subbed)	**Total**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____ **Grand Total** _____

Employee Signature **Date Signed**

_____ _____

Supervisor/ Principal Signature ***Date Signed***

Charge to: _____

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