

Lakeland School District
2018-2019
Extra Pay Form

Please complete this form for any authorized extra hours worked (detention, curriculum, etc.). The compensation rate will be according to the Collective Bargaining Agreement in effect at the time of compensation.

Please complete this form for each pay period in which you worked.

Employee Name _____

Payroll Date (Check One):

- | | | |
|---|--|--|
| <input type="checkbox"/> June 17 – June 30 | <input type="checkbox"/> October 21 – November 3 | <input type="checkbox"/> February 24 – March 9 |
| <input type="checkbox"/> July 1 – July 14 | <input type="checkbox"/> November 4 – November 17 | <input type="checkbox"/> March 10 – March 23 |
| <input type="checkbox"/> July 15 – July 28 | <input type="checkbox"/> November 18 – December 1 | <input type="checkbox"/> March 24 – April 6 |
| <input type="checkbox"/> July 29 – August 11 | <input type="checkbox"/> December 2 – December 15 | <input type="checkbox"/> April 7 – April 20 |
| <input type="checkbox"/> August 12 – August 25 | <input type="checkbox"/> December 16 – December 29 | <input type="checkbox"/> April 21 – May 4 |
| <input type="checkbox"/> August 26 – September 8 | <input type="checkbox"/> December 30 – January 12 | <input type="checkbox"/> May 5 – May 18 |
| <input type="checkbox"/> September 9 – September 22 | <input type="checkbox"/> January 13 – January 26 | <input type="checkbox"/> May 19 – June 1 |
| <input type="checkbox"/> September 23 – October 6 | <input type="checkbox"/> January 27 – February 9 | <input type="checkbox"/> June 2 – June 15 |
| <input type="checkbox"/> October 7 – October 20 | <input type="checkbox"/> February 10 – February 23 | |

Date	Hours	Purpose
		Total Hours for Pay Period

Employee Signature _____

Supervisor Signature _____