

# SPECIAL SERVICES

## EXTRA PAY REQUEST FORM

(TO BE SUBMITTED BY SPECIAL EDUCATION TEACHERS IN LIEU OF SPED SUB DAY)

Teacher: \_\_\_\_\_

Building: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Date Worked	Work Completed	Hours	Pay Rate	Total (Max 15)
			Sub Rate	
			Sub Rate	
			Sub Rate	
			Sub Rate	
			Sub Rate	
			Sub Rate	
			Sub Rate	
			Sub Rate	

NOTE: This form cannot be approved for payment unless it has been submitted, signed, and coded by the Director of Special Services. A maximum of 2 days may be converted to pay. All forms must be submitted on or before the last day of school.

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Teacher Signature

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Special Services Director Signature

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Budget Code

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Date Submitted