



## Other Earnings Form

Employee Name \_\_\_\_\_

Employee Number \_\_\_\_\_

Type of work Performed \_\_\_\_\_

Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Number of hrs. : \_\_\_\_\_

Total: \_\_\_\_\_

Or

Daily/Stipend Rate: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Total: \_\_\_\_\_

Budget Code to be charged \_\_\_\_\_ Total Amt: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Deputy Superintendent Signature

\_\_\_\_\_  
Direct Supervisor's Signature

\_\_\_\_\_  
Assistant Superintendent – Business

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Assistant Superintendent Signature

\*\*Please attach all supporting documents

TOTAL AMOUNT PAYABLE \_\_\_\_\_