PAY REQUISITION
Substitute, Overtime and Special Duties

NAME: _____SCHOOL:_____ Position:_____Employee ID_____

DATE	DUTIES PERFORMED	TIME IN	TIME OUT	NO. OF HOURS	RATE OF PAY	REG PAY/OT PAY	TOTAL DUE

BUDGET CODE

Signature of Employee: _____ Date Submitted: _____

Approved by: _____Date Approved: _____