

GENERAL McLANE SCHOOL DISTRICT

EXTRA COMPENSATION TIME REPORT*

This report is to be completed by the employee on the LAST day of EACH pay period as established by the School District and forwarded to the Building Principal for approval. Only those hours worked within the pay period are to be reported. Lump Sum Supplemental Contracts will be paid only after the season or activity has been completed.

Pay Period # _____ From _____ To _____

Employee _____ Building _____

Part A – Hourly Activities

Date	Activity	Hours	Board Office Use Only
Total Hours			

Part B – Lump Sum Supplemental Contract

As of (Date) _____ My duties as (Position) _____

have been completed and I hereby request compensation of \$ _____ in accordance with the terms and conditions of my Supplemental Contract.

Employee Signature _____ Date _____

Principal Approved _____ Date _____

Business Manager Approved _____ Date _____

*If the request is for Homebound Tutoring, the **HOMEBOUND TUTORING REPORT** must be attached.