



NORTH KITSAP SCHOOL DISTRICT Administrator Additional Pay

(Complete in BLUE INK)

Employee Name _____

Month _____ Employee Signature _____

Date Month Day Year	Extra Hours Worked	PER DIEM RATE	Account Code (PPSS-AA-OBBO-OLL-0000) (Required)	DESCRIPTION of ADDITIONAL WORK PERFORMED (If substitute hours, please indicate position and name of employee replaced.)	MONTH TO BE PAID
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Payroll Use Only

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Pay Code _____ Code _____ Hourly _____ Daily _____ Hours _____ \$ _____ Date _____

Financial Director Approval

Budget Admin. Approval

Budget Admin. Approval

**PLEASE SUBMIT TO PAYROLL MONTHLY - ANY PAY FOR JULY OR AUGUST MUST BE
PAID IN THE SCHOOL YEAR EARNED
(Payroll Period - 1st through the end of the month)**