

Extra Duty Pay Coversheet

Campus _____

For the Month of _____

Employee Name	Emp #	Extra Duty Job Worked	#Days/Hrs Worked	Daily/Hrly Rate	Total Due	Account Code to be Paid From	Central Office Pre-Authorization by:

Signature Completed By

Signature Authorized By

Date Completed

* Due to payroll office by the 10th of each month for the prior month.