

Geyserville Unified School District
SUPPLEMENTAL PAY AUTHORIZATION

Month of : _____

Employee Name: _____ **Last 4 Digits of SSN#:** _____

~All supplemental and overtime* pay must be **Pre-Approved**. The pay period is from the first day to the last day of the month. Timesheets must be in the District Business Office on the **last working day of the month**.
Checks will be issued on the 10th day of the following month.

Select One:			Select One:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular	Substitute	Temporary	Student	Certificated	Classified

Date	Hours		Overtime? (Y/N)	Job Title	Job Duties	Total Hours
	From	To				

Employee Signature: _____ **Total Hours:** _____

Regular employee please check appropriately: I elect to be compensated for overtime as follows: Overtime Pay Comp Time

Employee's Supervisor: _____ **Date:** _____

*All overtime must be pre-approved by the employee's supervisor amd a Staff Overtime Report must be filled out and on file.

BUSINESS MANAGER'S USE ONLY:

Job Title	Pay Rate	x	Units	=	Gross pay	Unit Code/ Budget Code

Total: \$ _____ **Transaction #:** _____ **Date Posted:** _____ **By:** _____