

REYNOLDS SCHOOL DISTRICT

SUPPLEMENTAL PAY RECORD

Name _____ Date _____

PROJECT/PROGRAM _____

(e.g., all intramural sports; homebound instruction; curriculum work; IEP's)
(Use separate forms if payment is requested for more than one project/program)
(For reporting purposes: if you performed homebound instruction please indicate students name.)

For period from _____ through _____

(This form must be received within two (2) days of the end of the current period)
(This form will be paid on the next appropriate pay date.)
(Complete a separate form for each time period, i.e., 1st-15th of month / 16th—31st of month.)

DATES	HOURS EACH DAY

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TOTAL HOURS X RATE = AMT DUE

EMPLOYEE'S SIGNATURE _____

AUTHORIZATION _____
Principal's / Supervisor's Signature

APPROVED FOR USE _____
Business Manager's Signature