9998-500005

Clark County School District

AUTHORIZATION FOR EXTRA PAY

(Page _____ of_____)

Date Received In Personnel

_____

CCF-5 Rev. 9/03

Check One

☐ Support Staff

☐ Licensed

☐ Unified

DATE SUBMITTED:_____LOCATION: _____ # _____

This will be your authorization to pay the employee/s listed below at the following designated rate of pay.

for: _____

(DESCRIPTION OF SPECIAL SERVICE INCLUDING PROGRAM, IF APPLICABLE)

RATE OF PAY:

☐ $20.00 per hour (Support Staff)

☐ Contract hourly rate of pay ☐ Contract daily rate of pay ☐ $22.00 per hour

☐ Substitute Pay ☐ Overtime (support staff) ☐ Other_____ $_____

☐ Responsibility Pay (Replacing: _____ _____ _____ _____

If the request is for responsibility pay for a support staff employee, and if assignment is for less than 5 days, please provide copies of prior responsibility request/s to verify the 5 day eligibility rule. (See Article 5 of the Agreement between ESEA and the CCSD.)

Budget		Unit	Fiscal Yr.	Account	Object	Grant	Project	Fund	%
	1								
Coding	2								
	3								

ALL PERSONS LISTED BELOW MUST HAVE SAME BUDGET CODING

NAME	SS#	DATE/S	(PER DAY) MINUTES (OR) HOURS		(FOR TOTAL OF:) MINUTES (OR) HOURS (OR) DAYS			PERSONNEL USE ONLY
TOTAL:					TOTAL:			

I certify that funds are available for this request.

UNIT SUPERVISOR/PRINCIPAL:_____ DATE:_____

DIVISION HEAD/DESIGNEE:_____ DATE:_____

PERSONNEL ADMINISTRATOR/DESIGNEE:_____ DATE:_____

NOTE: FOR **UNIFIED OR LICENSED PERSONNEL** TO BE PAID ON THE 25th, THIS FORM MUST BE RECEIVED IN PERSONNEL BY THE 1st OF THE MONTH. EXTRA PAY FORMS FOR **SUPPORT STAFF** MUST BE RECEIVED IN PERSONNEL THREE (3) WEEKS IN ADVANCE OF THE ANTICIPATED PAY DAY.

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COPY: TO BE RETAINED BY BUDGET UNIT SUPERVISOR **COPY:** TO BE RETAINED BY ORIGINATOR

031/032

CCSD CLARK COUNTY SCHOOL DISTRICT