

# Hays Consolidated Independent School District

## FEDERAL PROGRAMS OFFICE

### Request for Special Assignment Pay



**PURPOSE:** Authorization to pay any Hays CISD employee with grant funds for additional work beyond the employee's normal duty day that aligns to the purpose and intent of the grant.

- **EXTRA-DUTY EMPLOYMENT AGREEMENT** must be submitted to the Federal Programs Office **PRIOR** to the first payment for extra duty work. Timesheets must be submitted at least 3 days prior to payroll due date.
- Payments will be processed from **ORIGINAL FORM ONLY**. (PHOTOCOPIES & INCOMPLETE Forms will be returned.)

Name of Employee \_\_\_\_\_

Badge#: \_\_\_\_\_

Campus: \_\_\_\_\_

Current Employment Status with HAYS CISD:

<input type="checkbox"/>	Exempt Professional (Teacher, Counselor, SLP, LSSP, etc.)
<input type="checkbox"/>	Non-Exempt Employee Monthly (Paraprofessional)
<input type="checkbox"/>	Non-Exempt Employee Semi Monthly
<input type="checkbox"/>	Other: _____

Description of Service Performed:

Date Worked (mm/dd/yy)	Start Time (00:00AM/PM)	End Time (00:00AM/PM)	Total Hours	Hourly Rate / Daily (PD)	Total Amount	Account Number XXX-XX-XXXX-XX-XXX-X-XX-X-X
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Printed Name

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Programs Dir. Printed Name

\_\_\_\_\_  
Fed. Programs Dir. Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Printed Name

\_\_\_\_\_  
Payroll Signature

\_\_\_\_\_  
Date