

CERTIFICATED Supplemental Pay Authorization**Month(s)**

20

Employee Name _____

Emp ID/Last 4 SSN#_____

Select one ☐ Regular Employee (Working extra hours) ☐ Substitute ☐ WESD Retiree Substitute

Site - select one ☐ JX Wilson ☐ RL Stevens ☐ Wright Charter School ☐ District Wide ☐ District Office

Date	Reason for extra hours / Teacher subbing for	Full/Half Day OR	Hours From	Hours To	Total Hours	Approved
24						
25						
26						
27						
28						
29						
30						
31						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
Total Full/ Half		F /H	Total hours			

Employee Signature			Date	Approved by		Date
Month/Add-on	Pay Rate	X	Units	=	Gross Pay	Account Code
			TOTAL \$		Date Entered	Entered By

Supplemental pay runs from the 24th through the 23rd of the next month and is paid on the 10th of the following month.