



Window Rock Unified School District No. 8

Request for Extra Pay Form

***PRIOR APPROVAL REQUIRED**

**Submit for payment - Must attach this form with a signed timeslip*

Pay Period: _____

Employee Name: _____

Location/Worksite: _____

Date:	Time:	# of Hours	Type of Request	Reason-Duties	Account Code
			Comp Time Over Time Straight Time		
			Comp Time Over Time Straight Time		
			Comp Time Over Time Straight Time		
			Comp Time Over Time Straight Time		
			Comp Time Over Time Straight Time		
			Comp Time Over Time Straight Time		

Supervisor's Name: _____

Date: _____

Signature: _____

Approved By: _____

Date: _____

Business Manager

Superintendent