College Station Independent School District

Request for Supplemental/Miscellaneous Pay

1) Pay Period:	(Pasinging) (Ending)			2) Date Submitted:				
3) Pay Date:	(Beginning)	(Ending)						
4) Reason for Pymt:								
	Fnd - Y - Fn - So - O				Acct			
1)				-	61			
۷)				-	61		•	
3) 4)				-	61 61			
				-	61		•	
6)				-	61		•	
7)				-	61		•	
6) Employees to be paid:								
Employee I D#	Last Name	First Name	М.І.	Budget #	Hrs/Days	Rate	Total Due	
т					Fotal Supplemental Pay: \$			
The additional time worked does not conflict with federally-funded activities of the District.								
Requested By:								