



## EXTRA DUTY / EXTRA-CURRICULAR PAY SHEET

Eagle Mountain-Saginaw Independent School District

Employee Name (First/Middle/Last)	Last 4 Digits of Social Security# XXX-XX-
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DATE	FUND XXX	FUNC XX	OBJ XXXX	SUB OBJ XX	ORG XXX	YR X	PROG XX	OWN XXX	ACTV XXX	EXTRA DUTY ASSIGNMENT	DESCRIPTION	HOURLY/ DAILY RATE	HOURS WORKED	TOTAL PAY AMT
<b>TOTALS</b>														

Employee Signature	Date
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Supervisor Name (Print)	Supervisor Approval Signature	Date
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