

MATHIS INDEPENDENT SCHOOL DISTRICT



SUPPLEMENTAL PAYMENT FORM

EMPLOYEE
NAME: _____ **EMP#** _____

REASON FOR SUPPLEMENTAL PAY: _____

BUDGET CODE: _____

DATE(S) WORKED: _____

AMOUNT TO BE PAID: _____

EMPLOYEE'S
SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S
APPROVAL: _____ **DATE:** _____

APPROVED BY BUSINESS MANAGER OR SUPERINTENDENT:

_____ **DATE:** _____

For Payroll Use Only:

Posted: _____

Date Paid: _____