



ROMEO
COMMUNITY
SCHOOLS

EXTRA HOUR PAY SLIP

This form is to be utilized when teachers work their conference period in addition to the regular school day.

Will this be used towards a Substitute Shortage Compensatory Day:

Must check one: Yes No

Sub Teacher/Teacher Name _____
(Print First and Last Name)

Building(s) _____

Date Teacher Worked _____

Specific Teacher Covered For _____
(Print First and Last Name)

Extra Class Teacher Covered For _____

Sub Teacher/Teacher's Signature _____ Date _____

High School and 9th Grade Academy must check one of the following:

Schedules: Traditional Block Schedule

Principal's Signature _____ Date _____

Reason Coverage Needed _____
(Reason must be completed by building administrator)

Send to Director of Employee Services

Payroll Authorization

Employee Services Signature _____ Date _____

For Payroll Use Only

ASN No. _____

Paid _____