

*Monticello Central School District*  
**Additional Pay Authorization Form**

Use for reporting work hours for non-contracted pay (e.g., after school tutorial, approved committee work, homebound instruction, activity supervision, etc.)

Budget / Grant Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**THIS FORM MUST BE CODED AND SIGNED BY EMPLOYEE & SUPERVISOR**

Social Security #: (last 4 digits) \_\_\_\_\_

**ORIGINAL** forms must be submitted and sent to the Business Office every Monday

Signature: \_\_\_\_\_

By signing this form, you are acknowledging that you are being paid with Grant Funds and all services/activities rendered comply with all NYSED and federal regulations.

Date: \_\_\_/\_\_\_/\_\_\_

DATE	ACTIVITY	ADDITIONAL PAY HOURS			PAYROLL USE ONLY	
		FROM TIME	TO TIME	TOTAL HRS.	PAY RATE	TOTAL PAY

\_\_\_\_\_  
School Business Administrator

\_\_\_\_\_  
Supervisor

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Facilitator Approval

\_\_\_/\_\_\_/\_\_\_  
Date