

**RUNGE INDEPENDENT SCHOOL DISTRICT**  
**Extra Duty Pay Form**

**Name:** \_\_\_\_\_

<b>DATE</b>	<b>DUTY PERFORMED</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>TOTAL GAMES/HOURS</b>	<b>RATE PER GAME/HOUR</b>	<b>DUE</b>
<b>TOTAL PAY</b>						<b>\$0.00</b>

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Superintendent Signature

\_\_\_\_\_  
 Date