LONGVIEW INDEPENDENT SCHOOL DISTRICT

Other Earnings Form

Employee Name _____

Employee Number _____

Type of Work Performed _____

Date: _____

Hourly Rate: _____ Number of Hours: _____ Total: _____

Or

Daily Rate: _____ Number of Days: _____ Total: _____

Budget Code to be Charged_____

_____	_____
Employee Signature Date	Deputy Superintendent Signature Date
_____	_____
Immediate Supervisor Signature Date	Assistant Superintendent-Business Date
_____	_____
Principal Signature Date	Assistant Superintendent Signature Date

Please Attach All Supporting Documents

Total Amount Payable _____

Revised 01/06/15