



LONGVIEW INDEPENDENT SCHOOL DISTRICT

Other Earnings Form

Employee Name _____

Employee Number _____ Position _____ Campus _____

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

Director Signature (Special Programs) Date

Immediate Supervisor Signature Date

Chief Innovation Officer Date

Chief Executive Officer Date

Assistant Superintendent Date

*****Please Attach All Supporting Documents*****

Total Amount Payable _____