



OTHER EARNINGS FORM

Employee Information

Employee Name: _____
 Employee Number: _____
 Campus/Department: _____
 Supervisor: _____
 Event / Worked Performed: _____

- | | |
|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> ATW – ATHLETIC WORKER | <input type="checkbox"/> SDE – JR HIGH DETENTION |
| <input type="checkbox"/> SCP – SUMMER COND. | <input type="checkbox"/> DET – JR HIGH SATURDAY DETENTION |
| <input type="checkbox"/> DTN – HS DETENTION - AM/PM | <input type="checkbox"/> IDT – INTERMEDIATE DETENTION |
| <input type="checkbox"/> SAT – HS SATURDAY DETENTION | <input type="checkbox"/> OTHER: _____ |

DATE	START TIME	END TIME	TOTAL HOURS

Employee Signature _____ Date _____

Approved other earnings must be submitted to the payroll department by the payroll cutoff date.

Supervisor Approval

Supervisor Signature _____ Date _____

FOR BUSINESS OFFICE USE

BUDGET CODE TO BE CHARGED	RATE	HOURS/DAYS	TOTAL AMOUNT

Director of Finance and Business Services Signature _____ Date _____