## ADDITIONAL COMPENSATION FORM

(Only One Activity Per Form)

## Paterson Public Schools 90 Delaware Avenue Paterson, New Jersey 07503

Soc. Sec. #				F	Pay Period			
Name					Date			
	Last	First	MI	I				
Location					Action #			
Position								
Account #								
					Hours			
Date	I	Description of Wo	rk Performed		From	То	Total	
					+		<u> </u>	
					+ +		-	
					+ +		+	
					+ +			
					++		-	
					+ +		-	
					+ +		+	
					+ +			
TOTAL								
Employee's Signature					Date			
Approved by Supervisor					Date			
Assistant Superintendent					Date			
		FOR PAY	ROLL USE ONI	<u>LY</u>				
Hours		Hourly Rate \$_		,	Total. \$		_	
Hours	Т	ime & A Half Rate \$ _		,	Total \$		_	
Hours		Double Time Rate \$ _		,	Total. <u>\$</u>		_	
			TOTAL OVERTIM	ЛE	\$		_	
Processed by			D	ate				
Reviewed by			D	)ate				
		All Information Musi	t Be Completed Fo	or Proce	essing			