



North East Independent School District

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www.neisd.net

Office of
Payroll Services

Employee Supplemental Services Pay Form

THIS FORM IS FILLABLE.

To Be Completed by the Employee:

PLEASE CHECK ONE: Certified Payroll Classified Payroll Substitute Payroll

Full Name _____

Campus Assignment _____

Employee ID Number _____ Empl.ID No. _____

Work Telephone Number _____

To Be Completed by Requesting Authority:

Nature of Services Rendered _____

Date of Service _____

Number of Hours Worked _____ Time In _____ Time Out _____

Hourly Rate \$ _____

Total Compensation \$ _____

Budget Code _____

Date of Approval _____

Approval of Budget Manager _____

NOTE: EMPLOYEES WILL RECEIVE SUPPLEMENTAL PAY IN THEIR REGULAR PAYROLL CHECK.

Revised: February, 2006