

**GREAT NECK PUBLIC SCHOOLS - AUTHORIZATION TO COMPENSATE**

**TO:** PAYROLL DEPARTMENT

**FROM:**

**DATE:**

**DIRECTIONS:** This form is used to authorize payment for additional services performed by an employee. Please send to Payroll after work is completed.

**I. Employee Information:**

**Name:** \_\_\_\_\_ **SS#/ID#:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**II. Reason For Payment And Time/Rate To Be Paid: *Add additional lines on back of form if needed***

Reason for payment: Use the appropriate service code(s) to complete the chart below. Please use the explanation line below to provide any additional details.

- |  |                           |                                    |                                 |                            |
|--|---------------------------|------------------------------------|---------------------------------|----------------------------|
| 1 - Activities/Clubs                         | 5 - Differential Payments | 9 - Meetings (incl. collaborative) | 13 - Phys Ed (e.g. intramurals) | 17 - Test Proctoring       |
| 2 - Adult Education                          | 6 - Enrichment Course     | 10 - Mentoring                     | 14 - Recreation                 | 18 - Translating           |
| 3 - Athletics (e.g. coach, crowd supervisor) | 7 - Homework Center       | 11 - Parent-Teacher Conference     | 15 - Summer Work                | 19 - Tutoring              |
| 4 - Classroom Preparation                    | 8 - Inservice Course      | 12 - Perfect Attendance Stipend    | 16 - Temporary Assignment       | 20 - Other (explain below) |

<i>Service Code</i>	<i>Date(s) of Service</i>	<i>Time (from - to)</i>	<i>Total Hours</i>	<i>Rate</i>	<i>Total Pay</i>	<i>Budget Code</i>
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		-				
		-				
		-				
		-				
		-				

**Explanation:** \_\_\_\_\_

**III. Certification/Authorization: *Form must be signed and sent to Payroll for payment to be made.***

*This is to certify that the services claimed above have been performed for the Great Neck Union Free School District, and that said claim is just, due and unpaid.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This is to verify that the services claimed above were rendered and payment is now due to the employee.*

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Authorizing Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_