



ADDITIONAL PAY FORM

TO:	PLYMOUTH PUBLIC SCHOOLS ADMINISTRATION BUILDING	ATTENTION: PAYROLL DEPARTMENT
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FROM:	
SCHOOL:	
DATE:	

Date of Activity:	
Activity:	

Name of Individual(s)	Additional Hours Worked	Rate	Amount

ORG. #	
OBJ. #	
Project #	
Approved By:	
Date:	

COPY TO PAYROLL ON (DATE):	
SECONDARY PAYROLL	
ELEMENTARY PAYROLL	