



Neshannock Township School District
Office of the Superintendent

NT - 07

**Service Beyond Contractual Year
Extra Pay Form**

Name of Employee _____

Reason: _____ Saturday Detention
_____ Loss of Prep Period
_____ Cafeteria Coverage
_____ Other (Please List) _____

List Date(s) _____

Employee Signature Date

Please note:

Forms must be submitted to the Business Manager on the 11th (pay date 20th) and/or the 26th (pay date 5th) of each month.

Not for use for Athletic and/or Supplemental Positions. Coaches will be paid season end. Supplementals will be paid June 20 yearly.

Approval:

Principal Signature Date

Central Office Use Only:

Amount to be Paid _____
Date

Business Manager Date

Superintendent Signature Date