Supplemental Pay Authorization
Sonoma County Office of Education

Pay Period Ending_____

Employee Name_____

Department_____ Location_____

Select one
❏ Regular Employee   ❏ Substitute   ❏ Temporary
(Extra or Overtime Hours)

Select one
❏ Student   ❏ Certificated   ❏ Classified

Date	HOURS or DAYS Normal	Overtime	Job Title	Justification	Unit Code
Total(s)					

Employee Signature

Regular employee(s) please check appropriately: I elect to be compensated for overtime as follows: ❏ Overtime Pay   ❏ Mail Check   ❏ Pick-up
❏ Comp Time (HR will convert hours)

Hours Verified by_____ Department Director_____

Contact Person _____ Phone_____ Date_____

Job Title	**Gross Pay Calculations** Pay Rate	X	Units	= Gross Pay	**Unit Code / Budget Code(s)**

Total $_____   Transaction #_____ Date Posted_____ By_____