RUIDOSO MUNICIPAL SCHOOL DISTRICT
EXTRA HOURS WORKSHEET

EMPLOYEE _____

is requesting to enter into an agreement with _____School

Please explain why this service must be provided after/other than regular working hours:

_____

_____

Dates of Service: From: _____ To: _____

Estimated payment will be computed as follows (circle either hourly **or** daily rate for Certified **or** Classified):

(a) **Certified** Staff _____Total Hours or Days X _____Hourly or Daily Rate

Estimated hours or days to be paid during the _____School Year _____

(b) **Classified** Staff_____Total Hours or Days X _____Hourly or Daily

Rate Estimated hours or days to be paid during the---------School Year _____

ALL PAYMENTS MUST BE MADE DURING THE FISCAL YEAR THE SERVICES ARE RENDERED.

7. I understand that the Extra Hour calculation will be added to my regular semi-monthly paycheck and that mandatory deductions will be withheld. I certify this report accurately reflects 100% of the total activity and actual effort expended for the reporting period indicated.

Employee Signature Date	Principal/Program Supervisor Signature Date
Payroll Office Signature Date	Budget Approval Signature Date

*(Non-Exempt (classified) employees must be compensated with at least their regular hourly rate of pay. If total weekly hours exceed 40 then compensation must be at 1.5 x their regular rate of pay.

The payment is to be charged to **account code**_____

Business Office Use Only:

Amount of Gross Payment _____
ERA (17.15%) _____
RHCA (2%) _____
FICA (6.2%) _____
MEDICARE (1 .45%) _____

Total$_____

Revised 07/2022