



**Oyster Bay – East Norwich Central School District  
REQUEST FOR PAYMENT AND ATTENDANCE REPORT  
of EXTRA COMPENSATION SERVICES**

Employee: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_

*Select One:*

- Chaperone     Curriculum Project/Writing     Extended School DAY     Extended School YEAR  
 Parent Training     Home Services     Other: \_\_\_\_\_

Date	Project/Assignment (Be Specific)	Hours		Total Hours
		From	To	

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Prior Recommended to Personnel:  YES     NO

BOE Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Building Principal/Director/Supervisor

\_\_\_\_\_  
Date

\*\*\*\*\*

*Central Office Use Only*

APPROVED     DISAPPROVED

TOTAL DAYS or HOURS: \_\_\_\_\_

PAYMENT RATE: \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

TOTAL PAYMENT: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date

EARNINGS CODE: \_\_\_\_\_

PAYROLL DATE: \_\_\_\_\_