Supplemental Pay Authorization

Sonoma County Office of Education

Pay Period Ending_____

Employee Name_____ Social Security No._____

Department_____ Location_____

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

Select one
☐ Student ☐ Certificated ☐ Classified

Date	HOURS or DAYS Normal	Overtime	Job Title	Justification	Unit Code
Total(s)	0.00	0.00			

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)
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	

Total $ 0.00 Transaction #_____ Date Posted_____ By_____

WHITE - Personnel/Payroll YELLOW - Pay Distribution PINK - Department GOLD - Employee

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