



## Lakewood Public Schools Extra Duty Pay Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Schedule B Activity \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Step on Schedule \_\_\_\_\_

**SCHEDULE B ACTIVITIES**

Date	Activity	Hours		Date	Activity	Hours

- No more than two hours will be allowed for any practice without prior approval of an administrator who has initialed the date(s).
- An administrator will allow no time for Sunday or Wednesday evenings without prior approval.
- This sheet must be approved by the athletic director or principal before forwarding to the Superintendent's office. Please allow 15 days for preparation of the check.

\_\_\_\_\_  
**Administrators Approval**

\_\_\_\_\_  
**Date**