



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111
Extra-Duty Request for Payment Form

Curriculum Work Home-bound Instruction Summer Driver
Bus Chaperone (Trip) Bus Chaperone (All Day)

NAME: _____

DATES: _____

Total Number of Hours Requested: *Please attach hours worked.*

Department IL Signature: _____

Description of work completed: _____

Principal's Signature: _____

Date: _____

Asst. Superintendent of Business
& General Counsel Signature: _____

Date: _____

Office Use Only:

Code: _____ Amount: _____

Check Date: _____ Payment included on 2nd check of month after receipt of this form.