



LITTLE ROCK SCHOOL DISTRICT  
 810 WEST MARKHAM  
 LITTLE ROCK, ARKANSAS 72201

**ADDITIONAL COMPENSATION FORM**

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Employee Name	Employee ID #	School/Department
Address	City	Zip

DATE OF WORK	TITLE/DESCRIPTION OF WORK PERFORMED	<u>CERTIFIED</u> <u>ARTICLE 8</u> Rate: \$25 per hour <i>enter # of hours</i>	<u>NON-CERTIFIED</u> Rate: Paid at employee's current hourly rate <i>enter # of hours</i>	TOTAL PAY

**NOTE:** Please make all entries in hours. Maximum number of hours per day: 8    TOTAL \_\_\_\_\_

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Employee Signature	Date	Supervisor/Approver Signature	Date
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**BUDGET CODES MUST BE COMPLETED BY SCHOOL/DEPARTMENT OR FORM WILL NOT BE PROCESSED.**

**BUDGET UNIT**

FUND (4)	FUNCTION (4)	LOCATION (3)	PROG. CODE (3)	SUBJECT (2)	ACCOUNT (5)