

**LITTLE WOUND SCHOOL
EXTRA DUTY FINAL PAYMENT CLEARANCE FORM
(revised)**

Employee Name: _____

Extra Duty Assignment: _____

Extra Duty Begin Date: _____ Extra Duty End Date: _____

Assignment is: Athletic Non-Athletic Other: Describe: _____

Date Orientation was held: _____

ATHLETICS	NON-ATHLETIC
<input type="checkbox"/> All equipment returned <input type="checkbox"/> All uniforms returned <input type="checkbox"/> Keys returned <input type="checkbox"/> Sports Banquet Held: Date _____ <input type="checkbox"/> Report Submitted to: <input type="checkbox"/> Athletic Director <input type="checkbox"/> HR Director (for file) <input type="checkbox"/> Receipts Submitted <input type="checkbox"/> GATE Program artifacts submitted, if applicable Payment Approved: \$ _____ 25% Bonus: \$ _____ Total Payment: \$ _____	<input type="checkbox"/> Any school equipment used returned. <input type="checkbox"/> Parent meetings documentation and sign in sheets submitted <input type="checkbox"/> Fund raising documentation submitted to business office <input type="checkbox"/> Receipts Submitted <input type="checkbox"/> Keys returned <input type="checkbox"/> Prom Completed <input type="checkbox"/> Senior or 8 th Trip Completed <input type="checkbox"/> Report Submitted to: <input type="checkbox"/> Athletic Director <input type="checkbox"/> HR Director (for file) <input type="checkbox"/> GATE Program artifacts submitted, if applicable. Payment Approved: \$ _____ 25% Bonus: \$ _____ Total Payment: \$ _____

SIGNATURES FOR FINAL PAYMENT

Approved for payment:

Athletic Director: _____ Date: _____

HR Director: _____ Date: _____

Superintendent: _____ Date: _____

Business Manager: _____ Date: _____

