DISTRICT SCHOOL BOARD OF PASCO COUNTY
Compensation Request

This form should be used to request payment for work by employees that occurs outside of their regular contract. If you are requesting payment for both instructional and non-instructional employees, the requests should be completed on separate forms. Amounts to be paid must align with current approved pay rates. You can find those rates by visiting the Athletic Handbook or Budget Resource Manual.

Cost Center Name	Cost Center Number	Event Worked	Date of Event

Instructional Non-Instructional	
Employee Type (Instructional or Non-Instructional)	Pay Code (District Use Only)

Employee ID	Employee Name	Job Description	Hours Worked (if applicable)	Amount to be Paid

Total Amount To Be Paid:

Payment should be coded to the following account:

Fund	Cost Center	Level	Project	Object	Function	Group	Amount

I hereby certify that I have reviewed the information above and give my approval for payment.

Administrator Name	Administrator Signature	Date

To Be Completed by Finance:

Date Received: _____   Processed: _____   Verified: _____   Completed: _____