

TORRINGTON PUBLIC SCHOOLS

ADDITIONAL COMPENSATION REQUEST FORM

PAY TO _____

DATES WORKED	SERVICES PERFORMED	NUMBER OF HOURS WORKED
		AMOUNT DUE: \$

- Note
- This form must be received by Monday for payment with Thursday paycheck. Otherwise, payment will be received with the next scheduled paycheck.
 - Documentation must exist certifying prior approval by the Supervisor and Superintendent.

Coaches: Under *Days Worked* indicate sports season, under *Services Performed* indicate sport you are coaching and under *Number of Hours Worked* please indicate stipend.

 Employee Signature Date

 Supervisor Date

 Superintendent of Schools or Designee Date