



# Curriculum Pay Authorization Form

*Directions: Please fill out completely and submit the form to the  
Administrative Assistant in the District Office.*

**Employee Name:** \_\_\_\_\_

**Date When Request Made:** \_\_\_\_\_

**Date of Curr. Pay/Extra Task Duty will be Performed:** \_\_\_\_\_

**Curriculum Pay/Extra Task(s) Summary Seeking Authorization:**

*(attach handouts or other information as necessary with this form when you submit for approval)*

---

---

---

---

---

---

**District Administrator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

☐

Approved

☐

Denied

*If approved by the District Administrator, the above-named employee will be  
paid \$25/hour for the extra duties described in the summary.*

**Comments:** \_\_\_\_\_

---

---

---

---

---