



**Alpine County Office of Education
Alpine County Unified School District**

**ADDITIONAL ASSIGNMENT PAYMENT REQUEST FOR PAYROLL
(COACHING, SKI PROGRAM, DRAMA, ETC)**

**5 WORKING DAYS BEFORE PAYROLL DUE DATE
(CHECK WITH BUSINESS OFFICE FOR NOVEMBER & DECEMBER
FOR EARLIER PAYROLL DEADLINES)**

NAME: _____ **DATE:** _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE NUMBER: _____

ACTIVITY: _____

AMOUNT: _____

APPROVAL: _____

Superintendent/Business Manager

DATE: _____