

**WACONIA PUBLIC SCHOOLS—DISTRICT 110**

Type III Vehicle Operator Training and Certification—Road Evaluation  
Request for Extra Duty Payment

Employee's Name (please print): \_\_\_\_\_

Assigned Building (please circle):        WHS    WMS    BV    SV    WEC    ESC

Date of Road Evaluation: \_\_\_\_\_

Road Evaluator:                                Koch Bus Service, Waconia, Minnesota

Extra Time Worked:                            1 hour

Rate of Pay:                                    \$28.00

Payroll Code:                                 01005761000720185

On the aforementioned date, I completed one (1) extra duty hour outside of my regularly assigned working hours and request payment in the amount of \$28.00 for such time.

Employee's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

***Please forward completed form to the Human Resources Department.***

For district office use only:

Date received in HR office: \_\_\_\_\_

HR authorized signature: \_\_\_\_\_

Date provided to Payroll: \_\_\_\_\_

Payroll authorized signature: \_\_\_\_\_

When complete, place document in Type III Vehicle Training and Certification File.