

COMPENSATORY PAY FORM**REQUEST TO PAY**

Approval is requested to pay the individual mentioned below additional compensation:

Name: _____

Location: _____

Date(s): _____

Reason: _____

G/L: _____

Signature (Principal/Supervisor)

Date

For Administration Use Only:

Authorized By

Date

Entered by Dispatch Office

Date

c: Principal/Supervisor
Employee
Dispatch Office
NWTU
File