Good Spirit
SCHOOL DIVISION

Form 513 - 5

SUPPORT STAFF REQUEST FOR ADDITIONAL PAY

Name _____**Date** _____

School _____ _____

DATE	REASON FOR ADDITIONAL PAYMENT	ADDITIONAL HOURS

Ensure total hours do not exceed 8 hours per day and/or 40 hours per week.

Please ensure that additional payment requests are sent to the office in the month that they occur.

Signature of Applicant _____**Date**_____

Signature of Principal _____ **Date** _____

Signature of Superintendent _____ **Date**_____