



Payroll Department  
**Extended School Year Supplement**

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

Employee ID: \_\_\_\_\_

ESY Work Location: \_\_\_\_\_

**\* \* \* \* \***

Number of Days Worked: ..... \_\_\_\_\_

Supplement Daily Rate of Pay: ..... \_\_\_\_\_

Total Supplement to be Paid: ..... \_\_\_\_\_

Full Account Coding: \_\_\_\_\_

**\* \* \* \* \***

**Signatures Required:**

Principal/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Finance/Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

**Extended School Year Supplements are paid in a lump sum on the last check in July**