



Additional Compensation Request

Date of request: _____

Name: _____

Position: _____

School Location: BHS DAVIS JGMS LANE

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Hours					
Totals					

Reason for request:

Amount Requested: _____
(hours x rate = total)

Account Number: _____

Approvals:

Principal: _____ Date: _____

Superintendent: _____ Date: _____

HR date recd: _____ Payroll date recd: _____

DUE THURSDAY BY 8:00 AM

Email: linda_donovan@bedfordps.org