Hays Consolidated Independent School District
Request for Special Assignment Pay

PURPOSE: Authorization to pay any Hays CISD employee for additional work beyond the employee's normal duty

Original forms must be signed in BLUE. Payments will be processed from original form ONLY.

PHOTOCOPIES WILL BE RETURN WITHOUT PAY

To ensure accurate and prompt payments, please answer all questions. INCOMPLETE forms will be returned

Name of Employee _____ **Employee ID#** _____

Current Status with HAYS CISD (Check One) _____**Teacher** **Campus** _____

_____**Non-Exempt Monthly**

_____**Non-Exempt Semi Monthly**

Detailed Description of Service Performed:

Hourly/Daily Rate	#of Hrs per day or # of Days	Begin Date 99/99/99	End Date 99/99/99	Total Amount	Account Number XXX-XX-XXXX-XXXX-XXX-XX-XX-XXXXX
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	

TOTAL **$**_____

Employee
Print Name _____ **Signature** _____ **Date** _____

Administrator
Print Name _____ **Signature** _____ **Date** _____

Payroll Dept
Print Name _____ **Signature** _____ **Date** _____

Updated 6/9/25