

San Marino Unified School District

1665 West Drive
San Marino, CA 91108
(626) 299-7000

**NOTICE OF COMPLETION OF
"SCHEDULE B" LUMP SUM EXTRA DUTY ASSIGNMENTS**

Payment Request

Employee Name: Last _____ First _____

Social Security Number _____

Name of Assignment (Activity & Level) _____

Dates of Assignment From: _____ To: _____

Number/Years in this Assn: _____ Column: _____ Points: _____ Amt: \$ _____

Post-season pay (if applicable): _____ \$ _____

1/5 of 1+1 (number of days @ daily rate): _____ \$ _____

Total lump sum amount to be paid for this assignment: _____ \$ _____

I certify that I have now completed this extra assignment and am applying for this reimbursement.

Signature: _____ Date: _____

Administrative Approval: _____ Date: _____

For District Office Use Only:

Board Approval Date: _____

Labor Dist.: Fund Object Program Location