



Hudson City School District
215 Harry Howard Ave
Hudson, NY 12534
518-828-4360 EXT. 2116

NOTICE OF EXTRA SERVICES

TO: BUSINESSS OFFICE – PAYROLL DEPARTMENT **DATE:** _____

EMPLOYEES NAME: _____

I understand that in order to receive compensation for my services, it is necessary to submit the following information to the Payroll Department at least 2 weeks prior to the pay day on which such compensation is to begin.

POSITION: _____

Date Service is to Begin: _____ Date Service is to End: _____

Fee Established: \$ _____

Payment Option Please Circle: 1 Payment
2X Year
Quarterly

Employee Signature: _____

Administrator Signature: _____

Athletic Dir. Signature (if necessary): _____

FOR OFFICE USE ONLY

_____ Pays @ \$ _____

_____ Pays @ \$ _____

_____ Pays @ \$ _____

_____ Pays @ \$ _____