



## Buffalo Public Schools

### EXTRA ACTIVITY PAYMENT INQUIRY

This form will be used to request payment information on extra activity believed to be unpaid. Please wait at least 30 days from the date submitted before placing this request. Please complete this form in its entirety and **fax** to Payroll at 716-851-3918 or email to [payroll@buffaloschools.org](mailto:payroll@buffaloschools.org). Please allow 5-7 business days for a response.

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

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

Location: \_\_\_\_\_

Phone/Email Contact: \_\_\_\_\_

Work Location	Dates Worked	Hours Worked	Program/Fund#	Supervisor

**(Example of a correct completed request)**

School 41	03/17/18	3	Sat Academy	John Doe
School 98	4/20/18	2	Title 1	Amy Doe
School 201	4/25/18	2.5	MBK	Sean Doe
School 58	5/7/18	3	A0004D21 135	Julie Doe

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### To be completed by Payroll

Were the date(s) in question paid? \_\_\_\_\_

Check date(s) paid \_\_\_\_\_

**Date Request Completed** \_\_\_\_\_ **Initials** \_\_\_\_\_