



Red River Parish School Board

1922 Alonzo Street • P.O. Box 1369
Coushatta, LA 71019
Phone: (318) 932-4081 • FAX: (318) 932-3081
www.rrbulldogs.com

Overtime / Stipend Form 2022-2023 School Year

Name: _____

Address: _____

City, State ZIP: _____

Social Security Number: _____

Reason for Pay: _____

Dates Worked: _____

Rate of Pay: _____ (per hour / per day) Please circle one

Total Time Worked: _____ (hours / days) Please circle one

Total Gross Pay: (Rate of Pay x Total Time Worked) _____

Benefits: (Percentage of Total Gross Pay)	School Employees Retirement (Bus Drivers, Maintenance Employees)	27.6%	_____
	Teacher Retirement (Teachers, Tutors)	24.8%	_____
	Social Security (Substitutes Only)	6.2%	_____
	Medicare Tax	1.45%	_____
	LWCC (Workman's Comp.) (One Class Only)		
	Bus Driver	7.03%	_____
	Teacher/Clerical	0.53%	_____
	Other	3.90%	_____
	Total Cost (Add the gross pay and all applicable benefits)		_____

Signatures: Employee _____ Date _____

Principal _____ Date _____