



Red River Parish School Board

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Coushatta, LA 71019
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www.rrbulldogs.com

Overtime / Stipend Form 2026-2027 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)	19.5%	_____
	Teacher Retirement (Teachers, Tutors)	19.11%	_____
	Social Security (Substitutes Only)	6.2%	_____
	Medicare Tax	1.45%	_____
	Worker's Compensation (One Class Only)		
	Bus Driver	2.4301%	_____
	Teacher/Clerical	0.1873%	_____
	Other	1.1914%	_____
	Total Cost (Add the gross pay and all applicable benefits)		_____

Signatures: Employee _____ Date _____

Principal _____ Date _____