

**PINELLAS COUNTY SCHOOLS
ADDITIONAL DUTY ACTION FORM**

Name: _____ Last 4 OF SS#: _____
Last First Middle

CC # _____ CC Name: _____ PLD# 1 + (_____) (1st - 3 digit of Cost Center)

Check Classification:

_____ Instructional _____ Guidance _____ Psychologist/Social Worker _____ Vocational
_____ Support Services _____

Specify PCSB Support Position Title from TERMS

Directions:

Complete section A only if the employee will be working additional duty only in the current school year.
Complete sections A & B if the employee will be working additional duty in the current and next school year.
Complete section B only if the employee will be working additional duty only in the next school year.

A. CURRENT SCHOOL YEAR 20__/20__

Dates: From: ___/___/___ To: ___/___/___ Hours _____
(Day after last contract day) (Last day of fiscal year)

Fund: _____ Function: _____ Object: _____ Cost Center #: _____ Proj: _____ Subproj: _____ Prgm: _____
Support: ___ Using Clerical/DMT Hours ___ Using 75 District DMT Hours ___ Using Other funded hours

Budget Use Only: Position Control # _____ Approved: _____ Date: _____

Human Resources Use Only: Job #: _____ FIRN#: _____ Salary Slot: _____ Hourly Rate: _____
Initial: _____ Date: _____

B. NEXT FISCAL SCHOOL YEAR 20__/20__

Dates: From: ___/___/___ To: ___/___/___ Hours: _____
(First day of the fiscal year) (Day before first contract day or Last day of the fiscal year)

Fund: _____ Function: _____ Object: _____ Cost Center #: _____ Proj: _____ Subproj: _____ Prgm: _____
Support: ___ Using Clerical/DMT Hours ___ Using 75 District DMT Hours ___ Using Other funded hours

Budget Use Only: Position Control # _____ Approved: _____ Date: _____

Human Resources Use Only: Job #: _____ FIRN#: _____ Salary Slot: _____ Hourly Rate: _____
Initial: _____ Date: _____

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Special Projects Approval: _____ Date: _____