

**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: ___ / ___ / ___ <small>(Day after last contract day)</small>	To: ___ / ___ / ___ <small>(Last day of fiscal year)</small>	Hours: _____
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: _____
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Human Resources Use Only: Job #: _____	FIRN#: _____	Salary Slot: _____	Hourly Rate: _____
		Initial: _____	Date: _____

B. NEXT FISCAL SCHOOL YEAR		20 ___ / 20 ___	
Dates:	From: ___ / ___ / ___ <small>(First day of the fiscal year)</small>	To: ___ / ___ / ___ <small>(Day before first contract day or Last day of the fiscal year)</small>	Hours: _____
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: _____
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Human Resources Use Only: Job #: _____	FIRN#: _____	Salary Slot: _____	Hourly Rate: _____
		Initial: _____	Date: _____

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Special Projects Approval: _____ Date: _____