

PINELLAS COUNTY SCHOOLS
ADDITIONAL DUTY ACTION FORM

NAME _____
Last First Middle

SOCIAL SECURITY NUMBER XXX - XX ____ - ____ - ____

CONTACT PERSON IF ADDITIONAL INFO IS NEEDED _____
(Print Name and Phone Number)

COST CENTER NAME TO BE CHARGED: _____	
COST CENTER # _____	PLD # PRE-LIST DESTINATION (PAYROLL LIST) _____
Fund: _____	Function: _____
Object: _____	Cost Ctr: _____
Proj _____	Subp: _____
Prgm _____	

CHECK ONE: Instructional
 Guidance
 Psychologist
 Vocational
 Support Services _____
(Specify PCSB Support Position Title from TERMS)

DUTIES/PROGRAMS: _____

DATES: From ____/____/____	To ____/____/____	Number of Hours _____
(Fiscal Year Only - 7/1 - 6/30) (Preschool and post school dates must have separate forms.)		

EMPLOYEE SIGNATURE _____ DATE ____ / ____ / ____

ADMINISTRATOR APPROVAL _____ DATE ____ / ____ / ____

SPECIAL PROJECTS APPROVAL _____ DATE ____ / ____ / ____
(If applicable)

BUDGET DEPT USE ONLY

POSITION NUMBER _____ APPROVAL _____ DATE ____ / ____ / ____

HUMAN RESOURCES USE ONLY

JOB NO _____ FIRN CODE _____ ENTERED BY _____ DATE ____ / ____ / ____

SALARY SLOT _____ HRLY RATE _____