



**DOUGHERTY COUNTY SCHOOL SYSTEM
ADDITIONAL COMPENSATION NOTICE
(Classified Employees Only)**

PLEASE COMPLETE THIS FORM TWO WEEKS PRIOR TO THE ACTIVITY FOR APPROVAL.

**IS THE ADDITIONAL COMPENSATION REQUESTED BELOW IN THE APPROVED BUDGET? YES NO
(IF NO, PLEASE CONTACT FINANCE-BUDGETS)**

Employee Number	Employee Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1 SERVICES RENDERED

This is to notify said employee that he/she shall receive additional compensation as described herein for rendering the following services:

<input style="height: 30px;" type="text"/>
--

(Detailed information as to the services and dates of service may be provided in writing and attached hereto.)

Expenditures will be charged to:

Services will be provided at the rate of: (Please complete at least one section below)					
Per Hour (\$)		Per Day (\$) / Number of Hours		Flat Rate (\$)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month/Day/Year		Month/Day/Year		Month/Day/Year
From:	<input type="text"/>	To:	<input type="text"/>		

SECTION 2 INFORMATION NEEDED

An Adjustment to Payroll (PAY-F001) or Monthly Timesheet (PAY-F002) must be turned in to Payroll with the following information:

1. Name, employee id number, position, location
2. Dates, account number, hours worked and reason work was provided
3. Signature of Principal/Director/Supervisor
4. No funds can be paid without this information

This form must be approved in advance of the performance of services. Employee will be paid additional compensation as provided herein for the services described hereon. Any materials or final product resulting from the services provided hereunder shall become the sole property of the Dougherty County School System.

Is Teacher's Retirement applicable?	Yes	No
Employee is currently working as:	<input style="width: 400px;" type="text"/>	

SECTION 3 SIGNATURES/ACCOUNT NUMBER

Program Title	<input style="width: 150px;" type="text"/>	Program Acct. Number	<input style="width: 150px;" type="text"/>
---------------	--	----------------------	--

Principal/Director/Supervisor	Date
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>

Program Director	Date
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>

Executive Director, Finance & Operational Services	Date
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>