

Lamoille North Supervisory Union Supplemental Pay For EXISTING Employees

Step 1: This agreement is by and between the Board of School Directors of the _____ (District) and _____ (Employee), beginning _____ and ending _____.

Option 1: Extra Duty Contract (Per Master Agreement) (Employee Extra-Duty Contract, Department Head/Leader Supplemental Licensed Work)

Said individual agrees to perform additional duties and responsibilities to carry out all duties related to _____ (Position)

as cited under **Master Agreement:** Article _____, Paragraph _____ Group _____ in the amount of \$____, _____.00 or \$_____/Hr and coded to GL code: _____

This sum to be paid as specified below (check one):

- Payment at End of Service/Season** _____ (With Signed Authorization Verifying Completed Service Below)
- Payment divided into** _____ **remaining equal payroll payments** (With Signed Authorization Verifying Completed Service Below)
- Payment divided into** 2 or 4 (check one) **equal payments** (With Signed Authorization Verifying Completed Service Below)

It is further agreed that the Superintendent of Schools or Board of School Directors may, without liability, terminate this agreement as provided in Vermont Statutes, Title 16§53 (1752).

Option 2: Memorandum Of Understanding (M.O.U.) (Ad Hoc Committees, Grant Funded Services, Teacher Leaders, Professional Mentors)

Purpose: _____

Scope of Work: _____

Amount of Consideration: \$ _____ **Per Day** for _____ (Number of) Days **DATE(S):** _____

Per Hour for _____ (Number of) Hours **DATE(S):** _____

Grant (If Applicable): _____ **Strategy** _____ **Other:** _____

Option 3: Other Supplemental Payment (Work Time Outside of Contract and/or Per Diem Work: Short-Term Work ONLY)

(Hours may vary based on Actual time Worked)

Number of Accumulated Hours to be Paid: _____ x Hourly Rate _____ = _____ **TOTAL DUE** **DATES** _____ **OR/**

Number of Accumulated Days to be Paid: _____ x Daily Rate _____ = _____ **TOTAL DUE** **DATES** _____

Description: _____ **Article** _____ **Paragraph** _____

Signatures

Employee _____ School District: _____

Signature _____ Date _____ District Signature: _____ Date _____

Step 2: Submit Form to **Human Resource** to Initiate Agreement. **Step 3:** Once Service is Rendered, Submit Copy of Form with Instructions Below to **Payroll** to Authorize Payment

Signature/Initials Verify Services Were Received Satisfactorily for Payment **Signed:** _____ **Date** _____
 Please Check to Make Payment as Specified Above _____ **OR** Please make payment as follows: \$ _____ Divided in # _____ of Payments for
 Dates of Service _____ 20__ for a Total of _____ Hours or _____ Days of Service.

INSTRUCTIONS: SUPPLEMENTAL PAY FORM

This form is to be used for supplemental pay where the individual contracting with the District is an existing employee. If the individual is not an existing employee, then a New Employee Form should be used.

STEP 1: Initiates the Position and Employee to be Set-Up for HR & Payroll

- 1) Begin with Step 1 of this form and fill out the appropriate spaces.
- 2) Select the appropriate Option from either: Option 1, Option 2 or Option 3.

Option 1: Extra-Duty Fill in Position and indicate the applicable Article (e.g. 6), Paragraph: (e.g.6.8.4-3), and Group (e.g. I, II, III, IV or V). Identify the salary amount, or for hourly compensation, the \$/Hour and the GL code it is to be charged against. Two codes are available if there is split funding. Check the payment option so the position can be set up appropriately. **NOTE: Actual payment will not be made until STEP 2 AND STEP 3 are performed.** If payment is to be on an on-going or intermittent hourly basis, then some form of itemized time sheet must be attached or logged into the TimeClock System.

Option 2: Memorandum of Understanding (M.O.U.) Fill out the appropriate information and identify the dates that the work is to be done. If the dates are unknown, write TBD. **NOTE: Actual payment will not be made until STEP 2 AND STEP 3 are performed.** If payment is desired, indicate in Step 3 the dates of service that pay is to be provided (e.g. *Teacher Leader is to work 8 days TBD. 3 days were completed in August and the individual desires payment. Indicate in Step 3 the dates that are to be paid, sign and forward to payroll when time for payment. The next 5 days are to be paid for work done in January, copy form and indicate new dates that are to be paid. Sign and forward to Payroll.*) Two codes are available if there is split funding.

Option 3: Other Fill out appropriate information. This section will often be used for short-term periods. Indicate Article and Paragraph work applies. **NOTE: Actual payment will not be made until STEP 2 AND STEP 3 are performed.**

STEP 2: Obtain Signatures and Send Form to HR

STEP 3: Sign and Send Form to Payroll