



# BERTIE COUNTY SCHOOLS

## REQUEST FOR EXTENDED EMPLOYMENT

To: **Dr. Otis L. Smallwood, Superintendent**

From: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Information:

Name: \_\_\_\_\_

Last Four Digits SSN: \_\_\_\_\_

Current Position: \_\_\_\_\_

Site: \_\_\_\_\_

Extended Employment Information:

Extended Employment Position: \_\_\_\_\_

Site: \_\_\_\_\_

Duty Description: *(Please include a summary of activities the employee will be engaged in and how it impacts the goal of the school improvement plan. If necessary, attach a separate sheet to your request or use the back of this form.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Requested: \_\_\_\_\_

Times: \_\_\_\_\_

Proposed Hourly Rate: \_\_\_\_\_

Total Hours per Day: \_\_\_\_\_

Total Compensation: \_\_\_\_\_

Funding:

Program Name to be Charged: \_\_\_\_\_

Budget Code: \_\_\_\_\_

**\*Signature of Individual Responsible for Overseeing Program Funding:**

\_\_\_\_\_

- Tundra Woolard, Title I Funds/RLIS Funds
- Karen Branch, Exceptional Children
- Wanda Cofield, CTE
- Tiwana Smallwood, Food Service Funds

- Linda Bulluck, ESSER Funds
- Derek Bond, Technology Funds
- Wesley Dudley, Transportation Funds
- Mathew Bond, Maintenance Funds

*This form must be submitted to Human Resources prior to assigning current employees for extended employment.*

**For Human Resources Use Only**

Approved

Not Approved

_____	_____
Signature of Superintendent	Date
_____	_____
Signature of Finance Officer	Date
<i>Once a decision is made, a copy will be returned to you for your records.</i>	

**Forwarded to Payroll Office for Payment:** \_\_\_\_\_  
Date