PINELLAS COUNTY SCHOOLS

CONTRACTED SERVICES EMPLOYEE BINDER AND EMPLOYEE STATUS FORM

Form must be typed, completed and submitted to Human Resources for approval 3 WEEKS PRIOR to work being performed. A Contracted Services Payment Form (PCS Form 3-3090) must be submitted monthly to Payroll after approved work is completed for employee to be paid.

Full Legal Name: _____ Last 4 of SS# _____ _____ _____ _____

Daytime Phone # _____ Email Address _____

❑ New Employee OR ❑ Current Employee

Current PCSB position, if applicable: _____

DUTIES AND RESPONSIBILITIES (Please provide a detailed description of the work to be performed):

Dates Requested To Work: Beginning Date: _____ Ending Date: _____

Daily or Hourly (circle one) Rate: $ _____ Total Days or Hours Worked: _____ Total Salary Cost: $ _____

Project Requested By: _____ Title: _____ Phone # _____

Return approved copy to: _____ Location: _____ Rt# _____ Phone # _____

I hereby agree to act as a Contracted Services Employee for the project and date(s) indicated and understand I am not entitled to insurance benefits offered by the Pinellas County School Board unless already covered as a regular PCSB employee.

Signature of Contracted Services Employee	Print Full Legal Name	Date
Signature of Cost Center Administrator	Print Name	Date
Signature(s) (Required for exceptions)	Print Name	Date

This offer is contingent upon the employee meeting all requirements of the laws of Florida and rules and regulations of the School Board concerning employment, including fingerprinting at a cost to the employee.

Cost Center Name: _____ Location # _____

Fund: _____ Function: _____ Object: _____ Cost Ctr: _____ Proj: _____ Subp: _____ Prgm: _____

SEE BACK OF FORM FOR TERMS CODING INFORMATION

HUMAN RESOURCES ONLY

TERMS Job # _____ Retirement _____ Access # _____

Copies provided to: Payroll/Department/Schools _____ Entered by: _____

DO NOT WRITE IN THIS SPACE - PAYROLL USE ONLY

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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TERMS Codes for Completion of Contracted Services Accounting Strip Information

Fund:	0100	Operating
	0150	General Workforce Development
	0410	Food Service
	0420	Federal
Function:	Determined by school/department based on the type of position (see CAMIS)	
Object:	If Function # starts with 5:	
	0120	Exempt CSE
	0150	Non-Exempt CSE
	If Function # does not start with 5:	
	0130	Exempt CSE
	0160	Non-Exempt CSE
Cost Center:	School/department responsible for funds	
Project:	*1110 (subproject 4201)	School Improvement Plan
	9105	School/department to be billed
	Federal has Alpha or “15” prefix	
	9901	School Discretionary
	9902	Department Discretionary
Subproject:	These are examples at time of printing. Please refer to panel C4 in TERMS for a complete and timely list of valid project numbers for the operating and contracting funds.	

Complete if necessary

* Subproject required