Itawamba County School District

SUPPLEMENTAL DUTIES FORM

Send to Board Clerk

Use this form to recommend additional pay for employees: after hour tutoring, stipends, coach supplements, home bound, master teacher supplements, etc.

Name: _____ Supplemental Duty Assignment: _____

Effective Date: _____ Supplemental Pay: _____

Location: _____ Employee being replaced (if applicable): _____

Name: _____ Supplemental Duty Assignment: _____

Effective Date: _____ Supplemental Pay: _____

Location: _____ Employee being replaced (if applicable): _____

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Location: _____ Employee being replaced (if applicable): _____

Name: _____ Supplemental Duty Assignment: _____

Effective Date: _____ Supplemental Pay: : _____

Location: _____ Employee being replaced (if applicable): _____

Name: _____ Supplemental Duty Assignment: _____

Effective Date: _____ Supplemental Pay: : _____

Location: _____ Employee being replaced (if applicable): _____

APPROVED: _____ Date: _____

Supervisor/ Principal

Business Office

_____ _____

Assistant Business Manager/ Date Business Manager/ Date

SUPERINTENDENT

Approved:
Disapproved:

_____

Superintendent Signature / Date

BOARD APPROVAL STAMP

Reset