

GEORGE COUNTY SCHOOLS  
494 COWART STREET  
LUCEDALE, MS 39452  
ATTN: PAYROLL DEPARTMENT

# EXTRA DUTY PAY FORM

THIS FORM MUST BE TURNED IN WITH SICK LEAVE THE 1<sup>ST</sup> OF EVERY MONTH IN ORDER TO BE PROCESSED FOR THAT MONTH'S PAYROLL. THE EMPLOYEE PERFORMING THE EXTRA DUTY AND THE DIRECTOR/ADMINISTRATOR APPROVING THE EXTRA DUTY PAY MUST SIGN THE FORM.

EMPLOYEE# \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_  
(Please Print)

Last 4-digits of SSN \_\_\_\_\_

Event Location \_\_\_\_\_ Event \_\_\_\_\_

Date Extra Duty Was Performed \_\_\_\_\_

Total Hours Worked \_\_\_\_\_ From \_\_\_\_\_ Until \_\_\_\_\_

Total to be Paid \_\_\_\_\_

Account#

(Cannot use Activity Funds)

\_\_\_\_\_ 900 \_\_\_\_\_ 000 \_\_\_\_\_

Employee Signature \_\_\_\_\_

Director/Administrator Signature \_\_\_\_\_