

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 1ST 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 _____