

Request for Additional Duty/Additional Work

Hernando County School District
919 North Broad Street
Brooksville, FL 34601

Employee Name: _____ Employee ID#: _____

Employee Work Site: _____ Effective Date(s): _____

Site Entering Hours for Pay: _____ Select Level of Degree Earned ___BA ___MA ___SP ___DO

ADDITIONAL DUTY- Additional Duty Assignments for instructional personnel are duties being performed that are not an extension of the employee's regular job duties. The salary is the base hourly rate on the instructional salary schedule according to the degree the employee holds. For non-instructional/non-exempt employees the salary is their normal hourly rate. Unless specified by grant. **Grant specified hourly rate:** _____

Reason for Additional Duty: _____

Hours per Day: _____ Total Hours: _____ Total Days: _____

Funding Source (Ex. Title I, IDEA): _____

Account #: _____

ADDITIONAL WORK DAYS/HOURS- Additional Work Days/Hours for instructional personnel are duties being performed that are an extension of the employee's regular job duties. The salary is the employee's regular rate of pay plus any longevity pay that the employee is entitled to.

If additional work days/hours are required for any non-instructional/non-exempt staff, please refer to the Fair Labor Standards Act Manual for information regarding overtime/comp time. Salaried/exempt employees are not eligible to receive any overtime/comp time for additional work days/hours.

Reason for Additional Work: _____

Hours per Day: _____ Total Hours: _____ Total Days: _____

Funding Source (Ex. Title I, IDEA): _____

Account #: _____

A Request for Additional Duty/Additional Work Form must be completed at a site before any additional duty is performed by an employee. Once the form is complete and signed by an Administrator and Budget Director as noted above, it should be sent to the Human Resources Department. Funds must be available in the account noted, if not form will be returned to site and approval by Director of Budget will need to be obtained before re-submission.

Form Completed By: _____ Date: _____

Employee's Signature: _____ Date: _____

Site Administrator's Signature: _____ Date: _____

Project Director's Signature: _____ Date: _____

***Budget Director must sign if not Federal Funds or Reimbursement of Expense. *Superintendent must sign if additional work will result in overtime expense.**

*Signature: _____ Date: _____