

Supplemental Pay Request Form

Return this form to:

Autauga County Board of Education
 153 West Fourth Street
 Prattville, AL 36067

Retired:

TRS
 ERS

This agreement, entered into this _____ day of _____ 20____, between the Autauga County Board of Education and _____ Employee

This agreement is for services provided/rendered as follows: _____

All work must be performed outside of regular contract hours/days.

SECTION MUST BE COMPLETED WITH BUDGET CODE, NOT TO EXCEED AMOUNT, AND RATE

Paid By (budget code):		Not to Exceed Amount	
Hourly Rate		Daily Rate	

The employee agrees to submit a monthly Time Sheet for Support Personnel whether considered a certified or support employee. Payment will be included with the employee's regular monthly check.

The agreement shall begin on the _____ day of _____ 20____ and shall end on the _____ day of _____ 20____. This agreement may be terminated by either party upon receipt of written notification.

Signature of Employee	ACBOE Responsible Party	Date
Employee Number	Administrator Approval (if required)	Date
Mailing Address of Employee	CSFO Approval	Date
City State Zip Code	Superintendent Approval	Date
	Board Chairman Approval (if required)	Date