



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): _____

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APPROVED: _____ Date: _____

Supervisor/ Principal

Business Office

Assistant Business Manager/ Date

Business Manager/ Date

SUPERINTENDENT

Approved:
Disapproved:

Superintendent Signature / Date

BOARD APPROVAL STAMP