

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
CERTIFIED EMPLOYEE ADDITIONAL DUTY RECOMMENDATION FORM**

SCHOOL YEAR 20 \_\_\_\_ - 20 \_\_\_\_

Employee ID or Social Security #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_ New Position or Replacement for: \_\_\_\_\_

<u>TEACHING POSITION:</u>	<u>SUBSTITUTE POSITION:</u>
____ HOURLY (\$8.00) (CODE 174, 989C) Students from another class added to class	____ SUBSTITUTE ADMINISTRATOR (CODE 176)  Replacing: _____
____ HOURLY RATE OF PAY (CODE 153, 990C) Subbing During Prep Time	____ 10-29 DAYS ( <i>Attach copy of leave form</i> ) (CODE 170, 972C)  Replacing: _____
____ SATURDAY SCHOOL (CODE 178, 992C)	____ Length of Time: _____
____ HOMEBOUND (CODE 052, 350C)	____ 30 DAYS + ( <i>Attach copy of leave form</i> ) (CODE 172, 973C)  Replacing: _____
____ LUNCH/RECESS DUTY (CODE 206, 995C) YEARLY ____ SEM 1 ____ SEM 2 ____ # of Minutes ____	____ Length of Time: _____
____ BUS DUTY (CODE 122, 994C) YEARLY ____ SEM 1 ____ SEM 2 ____ AM ____ PM ____	____ BUS DUTY (CODE 166, 983C) (\$5.00 PER DUTY)
____ BUS DUTY OVERAGE (CODE 107, 988C) (\$14.99 HOUR)	____ LUNCH/RECESS DUTY (CODE 159, 980C) (\$8.70 PER HOUR)

\_\_\_\_\_  
ADMINISTRATOR DATE

FUND/SOURCE OF FUNDS	FUNCTION	LOCATION	PROGRAM	SUBJECT	OBJECT
					6 _ _ _ _
					6 _ _ _ _

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**PERSONNEL DIVISION USE ONLY**

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| 1. Verification of minimum qualifications  | ____       | ____      |
| 2. Recommendation is in compliance with the Desegregation Plan.<br>If not acceptable, written justification by the supervisor is approved. | ____       | ____      |

\_\_\_\_\_  
Assistant Superintendent for Human Resources/Director of Human Resources Date