Professional & ParaProfessional Employees

Ex. Director/Asst. Superintendent Date

Associate Superintendent Date
(Signature is required for all services except for
UIL/ Professional Tutorials)

UNITED INDEPENDENT SCHOOL DISTRICT

Non Contractual Supplemental (NCS) Duty Pay Form

Campus/Department: _____

Please pay the following employee(s) for their additional services rendered as described below: *Appropriate documentation must be attached for processing (sign in sheets, Kronos Time Card and NCS Agreement)*

Justification: _____

_____

_____

U.I.S.D. Employee ID #	Employee Name (No Nicknames)	Pay Rate Per Hour X # of Hours	Amount Due
		$ X	
		$ X	
		$ X	
		$ X	
		$ X	
		$ X	
		$ X	
		$ X	
		$ x	
		$ X	
		Total	

All forms must be submitted to the Accounting Department by the designated cut off date for Monthly Payroll.
Exception: Bilingual/ESL/Mentors forms must be submitted to the Human Resources Department.

Fund/Yr	Function	Org.	PIC	Local Option	Object	Sub. Obj.

Principal/Director Requesting Payment — Date

Budget Accountant — Date

Federal Funds Accountant — Date

UISD FORM 901-010B
Revised 9/01/05

UNITED INDEPENDENT SCHOOL DISTRICT

Sign-In Sheet for NCS Duty Agreement

(i.e., Tutorial/curriculum Writing/Benchmark/Super Saturday)

Employee's Name: _____ **ID#**_____ **Campus#:**_____

Date	Start Time	End Time	Total # of Hrs Worked	Date	Start Time	End Time	Total # of Hrs Worked

Employee's Signature: _____ **Grand Total of Hours Worked:** _____

Principal/Director Approval: _____

Form 901-010C
Revised 09/01/05

UNITED INDEPENDENT SCHOOL DISTRICT

Sign-In Sheet for NCS Duty Agreement

Description of Inservice/Workshop: _____

Principal/Directors Approval: _____

ID #	Name (Print)	**Campus**	**Date**	**Start Time**	**End Time**	**Total # of Hrs. Worked**

Form 901-010D
Revised 09/01/05