

SUPPLEMENTAL PAY TRANSMITTAL FORM

(Do not use this form for hourly employees' overtime)

Funds to compensate or supplement the salary of any person for duties performed in the operation of the school or at a school sponsored activity shall be paid to the Board of Education and disbursed by the Business Manager in accordance with the Accounting Manual for Tennessee Public School System and Financial Accounting Manual for Local and State School Systems.

Instructions:

1. Principal/Department Head shall complete this form in triplicate and submit original and 1st copy with payment to the Payroll Office. Retain the 2nd copy for your files.
2. Employee will receive reimbursement included with his/her regular pay, according to the reporting period shown on the appropriate pay schedule.
3. Matching benefits must be included with total payment.

Employee Name	MUNIS ID#	Date(s)	Activity	Salary	Matching Benefits			Total	Account Code
					Soc. Sec. 6.2%	Medicare 1.45%	Retirement 9.08%		(For Payroll Use)
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL PAYMENT								\$ _____	

Make checks payable to: Clarksville-Montgomery County School System

Signature of Principal/Dept. Head or Designee

School/Location