Pitt County Schools

EMPLOYEE CONTRACTUAL SERVICES

(For Existing Employees or Retirees Providing Additional Services)

Date	Social Security Number			
	** Use last 4 of Social Security Number			
Supervisor	Contractor			
PITT COUNTY BOARD OF EDUCATION	CONTRACTOR			
THE TERMS OF THIS CONTRACT ARE ACCEPTED	BY:			
This Contract shall go into effect when signed	by both parties to the Contract.			
PCS, as provided herein, the Contractor will be paid for Ser	vices rendered through the date of termination.			
may be terminated at any time by notice in writing from				
This Contract is independent of the regular	r employment duties of Contractor and therefore			
It is stipulated that the PITT COUNTY BOARD Federal and State income taxes and Social Security part for the Services provided under this Contract. By accepthey are not listed on the Final Divestment List created 86.58, regarding investment activities in Iran.	ayments applicable to the compensation received ptance of this contract, the CONTRACTOR affirms			
The PITT COUNTY BOARD OF EDUCATION the rate of pay on this line, you must include social security in the "Do Not Exceed" amount	will pay CONTRACTOR a fee of ** In addition to de a "Do Not Exceed" amount. Do not include ount. **			
Employee				
Retiree				
12:00 pm, October 2017 through May 2018. ***				
For example: Math and Reading Remediation Tuto				
"Services"): ***Be descriptive with type of job/ser	· ·			
is for the purpose of providing certain professional servi				
and * Employee Name	e PITT COUNTY BOARD OF EDUCATION (hereinafter called the CONTRACTOF			

No indebtedness of any kind incurred or created by PCS shall constitute an indebtedness of the State or its political subdivisions, and no indebtedness of PCS shall involve or be secured by the faith, credit, or taxing power of the State or its political subdivisions.

Complete this form and attach to appropriate contract. (This form is to be used for both the Contractual Services and Employee Contractual Services forms.)

PITT COUNTY SCHOOLS NOTICE TO PAY CONSULTANT

This verifies that <u>*Emplo</u>	yee Name					
Social Security # <u>** use ID numl</u>	ber **	fulfilled the contract for the				
workshop/service entitled, **name	e workshop or servi	ce provided, ex. Remediation Tutor **				
at*School Name Location	on	**date or month of service ** Date				
Total Payment Due: \$ ** con	firm this matches times	sheet **				
Source of Funds: ex: Title 1, State Re	<u>med</u> . Budget Code <u>:*m</u>	nust include budget code before submitting				
Signature of Workshop Contact		Program Signature (if applicable)				
Date		Date				
Send Check To:						
Name:						
Address:						
City/Zip:						

CONTRACT EMPLOYEE DAILY AND MONTHLY TIME REPORT

October	2017		NING		RNOON	T	EVENING		
DAY OF							Γ	TOTAL WK	Damarka
WEEK	DATE	Start	Stop	Start	Stop	Start	Stop	HRS	Remarks
Monday	10/02/17							0.00	
Tuesday	10/03/17							0.00	
Wednesday	10/04/17							0.00	
Thursday	10/05/17							0.00	
Friday	10/06/17							0.00	
Saturday	10/07/17							0.00	
Sunday	10/08/17							0.00	
WEEKLY TO	OTAL							0.00	
		Start	Stop	Start	Stop	Start	Stop		
Monday	10/09/17							0.00	2
Tuesday	10/10/17			4400				0.00	Early Rel
Wednesday	10/11/17							0.00	
Thursday	10/12/17							0.00	
Friday	10/13/17							0.00	
Saturday	10/14/17							0.00	
Sunday	10/15/17							0.00	
WEEKLY TO	OTAL							0.00	
		Start	Stop	Start	Stop	Start	Stop		
Monday	10/16/17							0.00	
Tuesday	10/17/17							0.00	
Wednesday	10/18/17							0.00	
Thursday	10/19/17			***************************************				0.00	
Friday	10/20/17							0.00	
Saturday	10/21/17							0.00	
Sunday	10/22/17							0.00	
WEEKLY TO	OTAL							0.00	
		Start	Stop	Start	Stop	Start	Stop		
Monday	10/23/17							0.00	
Tuesday	10/24/17							0.00	* 10 10 10 10 10 10 10 10 10 10 10 10 10
Wednesday	10/25/17							0.00	480
Thursday	10/26/17							0.00	
Friday	10/27/17							0.00	
Saturday	10/28/17							0.00	
Sunday	10/29/17			228				0.00	
WEEKLY TO	OTAL							0.00	
	T	Start	Stop	Start	Stop	Start	Stop		
Monday	10/30/17		3,00	2.0.1.1				0.00	
Tuesday	10/31/17							0.00	****
Wednesday									
Thursday									
Friday								 	
Saturday								 	
Sunday	 					†		 	
WEEKLY T	OTAL							0.00	
WEEKLI	O I AL				MOI	NTHLY TOT	AL HOURS		48 A
					IVIOI			., 5.55	•
			E OF PAY:	\$ -		Territoria de la compansión de la compan			\$ -
SCHO	OL/SITE: 0)				I hereby cert	ify that the al	oove report of tir	ne is a correct d each workday for
Budge	et Code:	0						icated at the top	
						Tino ponou oc			I and page.
	NAME: _					1			
SS. #:	XXX-XX-	0	ID #:	0					
ADDRESS: 0					SIGNATURE DATE				
P	OSITION:	0				1			
FOR 4TH MC		RIOD	10/03/17	through	10/31/17	SUPERVI			DATE

CONTRACTS/NOTICE TO PAY

- Employee can't start work prior to contract being stamped and approved by Human Resources.
- Notices to pay, time sheets, and contracts are due to payroll by the 10th of each month.
- All contracts paid with federal funds must first be submitted to Sandra Morris. Federal notices to pay, time sheets, and contracts are due to Sandra Morris by the 5th of each month.
- Please make sure you staple your notice to pay, time sheet, and contract together before submitting to payroll. Please staple the notice to pay on top.
- The EXCEL contract time sheet should not be downloaded as a Google doc. The formula doesn't work with a Google doc.
- The signature dates for the workshop contact and/or the program signature should not precede the date/month of service on the notice to pay. For example, if the program is for the month of October, the signatures should not be dated before October 31st.