



HABERSHAM COUNTY SCHOOL DISTRICT



Additional Employee Pay

Facility Use Events Outside Regular Working Hours

One Form per Employee per Facility Event is required for payment.

IMPORTANT NOTE: Certified and classified employees may provide services to school and non-school groups who use HCSD facilities before/after regular working hours. The Fair Labor Standards Act requires the Board of Education to pay classified/nonexempt employees one and a half times their hourly rate for every hour worked over 40 when the additional work is of the same nature as work normally performed by said employee. **For this reason classified/nonexempt employees must enter the work start time and work end time on this form.** The overtime pay for classified/nonexempt employees must be paid in the employee's monthly payroll check from the Board of Education. The payee can be either a certified employee or a classified employee.

Section 1 – Payee:

Employee Name: _____ Employee ID #: _____

Section 2 - Event:

Event Name: _____

Event Date(s): _____ Event Location: _____

Section 3 – Type of Work & Rate:

Custodial \$30/hour

Performing Arts Media \$45/hour

Technology \$40/hour

Classified/Nonexempt staff complete the following: Start Time: _____ End Time: _____

Employee Payment Calculation: _____ X _____ = _____
Total # of hours/event(s) Hourly Rate (above) Total Payment added to Payroll

Section 4 – Attest & Authorize:

I understand this payment is processed as an addition to my regular paycheck, not as a separate check.

Payee Signature Date Administrator Signature Date

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For School Group Events: Please add \$3.00 to the hourly rate to cover the employer cost of Social Security and Medicare. Multiply the Total # of hours/event by the revised hourly rate (rate + \$3) to get the Total Payment amount due; make check payable to Habersham County Board of Education; send the school check and this form to Financial Services Office, Attn: Payroll Department by the published payroll cutoff deadlines.

For Non-School Group Events: the additional employer cost amounts have already been included in the facility use agreement and paid by the non-school group. No funds are due from the school to the BOE.

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Financial Services Office Use Only:

School Check #: _____ Charge to Account Number: 100 - X - _____ - 9990 - _____

Grand Total Payments Paid to Employee: \$ _____ (Add all events together if multiple forms)

Grand Total Amount Received from School: \$ _____ Payroll Paid Date: _____