

Maine School Administrative District #35
South Berwick - Eliot, Maine

Extra Duty Completion Form

I request a lump sum payment of \$ _____ for the extra duty position of _____
at: _____ which was completed on _____.
School

Signature Date

Please print name Phone

Principal/AD/Administrator ACCOUNT NAME/ # Date

FOR OUT OF DISTRICT PERSONNEL:

Please check one:

_____ **I do NOT have a basis of membership in the Maine Public Employees Retirement System** (I have never been employed in Maine as a Teacher, Substitute Teacher(opting in), Tutor, Ed Tech II or III, or a State Employee.), OR I have withdrawn all contributions from previous employment. Social Security (FICA) will be deducted from my pay.

_____ **I DO have a basis of membership in the Maine Public Employees Retirement System** (I have been employed in Maine as a Teacher, Substitute Teacher (opting in), Tutor, Ed Tech II or III or a State Employee and I have not withdrawn my contributions from the MPERS System.) MPERS will be deducted from my pay.

Address to which I wish my check mailed:

This form must be received by the Superintendent's Office
the Friday prior to the payroll for which you are requesting payment.