

Certification for Additional Compensation

To: Office of the State Courts Administrator
 Office of Personnel Services
 Supreme Court Building
 Tallahassee, Florida 32399-1900

Date: _____

I, _____, Social Security number, _____,
 DO HEREBY CERTIFY that as a judge of the court of _____ County, _____ Judicial Circuit,
 performed services as a circuit judge in _____ County, _____ Judicial Circuit, during the month
 of _____, 19 _____, as shown below.

Division

Indicate number of hours in specified division.

Please type or press firmly with a ball point pen.

Service Date	Order Number	Criminal	Civil	Support Enforce.	Domestic Relations	Juvenile	Probate	Mental Health

Total Hours: _____

County Judge _____
 (Signature)

I hereby approve payment for salary differential.

County Judge _____
 (Print Name)

Date _____

Chief Judge _____

Please submit this form on a monthly basis.