

CERTIFIED STAFF EXTRA DUTY FORM
ALL FIELDS MUST BE COMPLETE & ALL FORMS MUST BE SIGNED BY EMPLOYEE & BUILDING PRINCIPAL
INCOMPLETE FORMS WILL BE RETURNED & PAYMENT WILL BE DELAYED

SECTION 1 | Regular Contracted Position

Employee Name (Please Print): _____ Position Title: _____

Building: _____

SECTION 2 | Extra Duty Performed

Date of Assigned Duty	Start & End Time of Assigned Duty	Time Nearest Qtr Hour Increment 15 mins = 0.25 30 mins = 0.50 45 mins = 0.75 60 mins = 1	Indicate in Box with "X"											
			Orientation outside regular teacher calendar Article III, A (Per Diem Rate)	* Supp Contract Comm-Paid or Comp after 5 mtgs Article V, B (Committee Rate)	Committee outside regular work day Article VII, B (Curriculum Rate)	Tutoring Article XII, B (Tutor Rate)	Sub/Class Cover or Mthly plan mtgs above 5 Article XII, B (Per Diem Rate)	* IEP or MFE outside regular work day/lunch Article XI, J, 4 (Per Diem Rate)	Curriculum Writing Article XI, I (Curriculum Rate)	Saturday School Appendix D, Class VII (Sat. School Rate)	Pupil Services Extended Hours Article XII, E, 14 (Per Diem Rate)	*Committees Not Specified in Contract Article XI, J, 3 (BA-0 Rate)	Event Staff (Athletic or Other) Appendix D (Classified Support Paraprofessionals Base Rate)	

I wish to be paid for this duty I wish to receive comp time for this duty (only applicable to * duties above)

Brief Description of Extra Duty:

Special Notes, if any:

SECTION 3 | Exceeded Class Size & Subject Preparations

Class Size: \$125 per quarter up to max \$500 - Article XII, E <input type="checkbox"/> \$125 <input type="checkbox"/> \$250 <input type="checkbox"/> \$375 <input type="checkbox"/> \$500 Brief Description:	Subject Preparations: \$300 per preparation, per semester, above 4 preparations - Article XII, E <input type="checkbox"/> \$300 <input type="checkbox"/> \$600 <input type="checkbox"/> \$900 <input type="checkbox"/> \$1,200 Brief Description:
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Employee Signature _____ Date _____

Principal Pre-Approval

Superintendent Final Approval

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____