

TITLE/POSITION _____

SUPERVISOR _____

EVALUATION _____

CERTIFICATION REQUIREMENTS _____

ADDITIONAL REQUIREMENTS _____

QUALIFICATIONS _____

TERMS OF ADDENDA Extra duty employment is on an annual basis. Remuneration is per the Board approved schedule. The Administrator has the right to recommend a pro-rated extra-duty stipend based on completion of extra-duty responsibilities. Should you be unable to fulfill your contractual obligation, the amount will be pro-rated based upon actually days completed.

ADDENDA TYPE	SELECT ONE	Flat Rate Per Diem Formula	NOTES:
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ITEMS REQUIRED BEFORE THE START OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____
		COMPLETION DATE: _____

ITEMS REQUIRED AFTER THE START OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____
		COMPLETION DATE: _____

ITEMS REQUIRED AT COMPLETION OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____
		COMPLETION DATE: _____

COMPLETION OF ADDENDA SUPERVISOR SIGNATURE _____ DATE _____

****Your employment is "at will" and may be terminated by the District, or by you, with or without cause. Termination shall become effective upon Board action. No legitimate expectation of continued employment is created by this notice of appointment, understandings with the District or its agents, interpretations of Board policies, salary/compensation schedules, job descriptions or documents generated by the District.**