

**TITLE/POSITION**
**SUPERVISOR**
**EVALUATION**
**CERTIFICATION REQUIREMENTS**
**ADDITIONAL REQUIREMENTS**
**QUALIFICATIONS**

**TERMS OF ADDENDA** Addenda/Extra Duty employment is term specific with no right of continuation. Remuneration is per the Board approved schedule. The administrator has the right to recommend a pro-rated addenda/extra-duty stipend based on completion of responsibilities. Should you be unable to fulfill your contractual obligation, the amount will be pro-rated upon actual days completed.

**ADDENDA TYPE**
**SELECT ONE**

 Flat Rate  
 Per Diem  
 Formula

**NOTES:**
**ITEMS REQUIRED  
 AT 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** \_\_\_\_\_



# REQUEST FOR ADDENDUM TO EMPLOYEE CONTRACT

All NON-IBN addenda must be pre-approved by DVUSD Governing Board prior to the start of work.

School Year \_\_\_\_\_

Employee Name _____	EMPLOYEE ID# _____
Addenda Title _____	Worksite _____
Duties Begin _____	Duties End _____
Funding Code _____	Amount _____
Authorized Signature _____	Date _____

<p>Cabinet Approval Date _____ <i>(for addenda over \$3000)</i></p> <p>Governing Board Pre-Approval Date _____</p> <p>BEGINS ON VOUCHER _____</p>	<p>Governing Board Approval Date _____</p> <p><b>NOT RECOMMENDED FOR REHIRE - UNSATISFACTORY COMPLETION</b> Addenda duties/responsibilities not completed as expected <i>(see attached documentation)</i></p> <p>Supervisor Signature _____ Date _____</p>
---	--

**EMPLOYEE ACCEPTANCE:** This addendum will be paid after approval at an official Governing Board Meeting. The amount paid as marked below.

**CHOOSE ONE**

1. In accordance with regular contract.
2. One payment at end of the school year after balance of contract (Not applicable to 12 month employees)
3. One payment following completion of addenda duties.
4. Equal payments during addenda duties. **BEGINS:** \_\_\_\_\_ **ENDS:** \_\_\_\_\_

**SELECT ONE**

I  have received additional addenda for the \_\_\_\_\_ school year. If yes, attach document(s) with additional addenda title(s) and amount(s).  
I  have not

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDENDA RESPONSIBILITIES/ EXPECTED OUTCOMES\*

*\* Administrator approval required*

Responsibilities/Expected Outcomes are in alignment with the previously stated addenda Item Requirements. All Responsibilities/Expected Outcomes must be completed.

## SCHOOL LEVEL ADDENDA RESPONSIBILITIES

## DISTRICT LEVEL RESPONSIBILITIES/OUTCOMES

Should any deficiencies of responsibilities be identified as part of the assessment of duties, a 5% reduction of the total payout may be applied

**I have read and understood the responsibilities and outcomes related to this one-year contract.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR COACHING ADDENDA ONLY

The following must be completed before coaching in DVUSD.

1. Completed Coaching Certification Program within one year of hire.
2. Copy of CPR card on file for each site of coaching responsibility.

Athletic Director/Coordinator Signature: \_\_\_\_\_

Coach Signature \_\_\_\_\_

Revised Date: \_\_\_\_\_