

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 _____