

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:
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ITEMS REQUIRED AT THE <b>START</b> OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____ COMPLETION DATE: _____
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ITEMS REQUIRED <b>AFTER</b> THE START OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____ COMPLETION DATE: _____
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ITEMS REQUIRED <b>AT COMPLETION</b> OF PROGRAM	DUE DATE: _____	EMPLOYEE SIGNATURE: _____ COMPLETION DATE: _____
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**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.**