

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: _____

**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.**