

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.**