

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 **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.**