

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 _____

****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.**



REQUEST FOR ADDENDUM TO EMPLOYEE CONTRACT

All NON- IBN addenda must be pre-approved by DVUSD Governing Board prior to the start of work.

School Year _____ - _____

Employee Name _____	EMPLOYEE ID# _____
Addenda Title _____	Worksite _____
Duties Begin _____	Duties End _____
Funding Code _____	Amount _____
Authorized Signature _____	Date _____

Cabinet Approval Date _____
(for addenda over \$3000)

Governing Board Approval Date _____

Governing Board Pre-Approval Date _____

BEGINS ON VOUCHER _____

NOT RECOMMENDED FOR REHIRE - UNSATISFACTORY COMPLETION

Addenda duties/responsibilities not completed as expected
(see attached documentation)

Supervisor Signature _____ Date _____

EMPLOYEE ACCEPTANCE: This addendum will be paid after approval at an official Governing Board Meeting in equal payments during the addenda duties as indicated above.

SELECT ONE

I have received additional addenda for the _____ school year. If yes, list additional addenda title(s) and amount(s) below.
I have not

Employee Signature: _____ Date: _____

ADDENDA RESPONSIBILITIES/ EXPECTED OUTCOMES*

**Administrator approval required*

Responsibilities/Expected Outcomes are in alignment with the previously stated addenda Item Requirements. All Responsibilities/Expected Outcomes must be completed.

SCHOOL LEVEL ADDENDA RESPONSIBILITIES

DISTRICT LEVEL ADDENDA RESPONSIBILITIES

Should any deficiencies of responsibilities be identified as part of the assessment of duties, a 5% reduction of the total payout may be applied.

I have read and understood the responsibilities and outcomes related to this one-year contract.

Employee Signature: _____ Date: _____

FOR COACHING ADDENDA ONLY

- The following must be completed before coaching in DVUSD
- 1. Completed Coaching Certification Program within one year of hire.
- 2. Copy of CPR card on file for each site of coaching responsibility.

Coach Signature _____

Athletic Director/Coordinator Signature:

Revised Date: